

Pamoja Tuwalee



PAMOJA TUWALEE PROGRAM/FHI360 – COAST ZONE

Cooperative Agreement No. 621-A-00-10-00027-00

Quarterly Performance Narrative Report

October to December 2014

**Submitted to: Elizabeth Lema
USAID Tanzania**

**For further information contact:
Priskila Gobba
Tel: 255 754 783445
Dar es Salaam, Tanzania**

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CRP	Community Resource Person
CSO	Civil Society Organization
DCPT	District Child Protection Team
DED	District Executive Director
DIPG	District Implementing Partner Group
DMO	District Medical officer
DSW	Department of Social Welfare
DSWO	District Social Welfare Officers
GBV	Gender Based Violence
FHI 360	Family Health International
HACOCA	Huruma AIDS Concern and Care
HIV	Human Immune deficiency Virus
IPG	Implementing Partners Group
LGA	Local Government Authority
MCDGC	Ministry of Community Development Gender and Children
MOHSW	Ministry of Health and Social Welfare
MTEF	Medium-Term Expenditure Framework
MVC	Most Vulnerable Children
MVCC	Most Vulnerable Children Committee
NCPA II	National Coasted Plan of Action for Most Vulnerable Children
NGO	Non-Governmental Organization
OSC	One Stop Centre
OVC	Orphans and Vulnerable Children
PASADA	Pastoral Activities and Services for people with HIV and AIDS DSM Archdiocese
PEPFAR	President's Emergency Plan for AIDS Relief
PSS	Psychosocial Support

SILC	Savings and Internal Lending Communities
TZS	Tanzanian Shillings
UNICEF	United Nations International Children’s Emergency Fund
US \$	United States of America Dollar
USAID	United States Agency for International Development
USG	United States Government
VAC	Violence Against Children
WAMA	Wanawake na Maendeleo (Women and Development)
WAMATA	Walio Katika Mapambano ya Ukimwi Tanzania (Fight against HIV and AIDS)
YAM	Youth Alive Movement
ZAMWASO	Zanzibar Muslim Women Association to Support Orphans
ZCPA	Zanzibar Costed Plan of Action

EXECUTIVE SUMMARY

Pamoja Tuwalee Program is a five year USAID funded program that was initially to run from June 2010 to May 2015 and now has been extended to end of September 2015. The program covers five zones of Coast, Central, Lake, Northern and Southern and is implemented by four partners with FHI360 covering the Coast Zone i.e. Dar es Salaam, Morogoro and Pwani regions in the mainland and Zanzibar. FHI 360 implements the program through nine local partner Civil Society Organizations (CSOs), 25 Local Government Authorities (LGAs) and community members. The program goal is to improve the quality of life and well-being of Orphans and Vulnerable Children (OVC) and their households by empowering households and communities to provide comprehensive and sustainable care, support and protection. This is the first quarterly report of financial year 2015. It narrates the implementation of the planned activities, achievements, challenges and lessons learnt.

Being in its final year of implementation, the activities will include handing over the program to the Government and other stakeholders. During this quarter, we conducted exit meetings with 11 Districts Council Management Teams (CMT) and District Implementing Partner Groups (DIPGs) in nine districts with about 190 members. We had positive responses including commitment to continue facilitating and implementing, payment of school fees, and ensuring health care and follow ups with MVCC members on the welfare of the MVC.

Through awareness raising activities the program conducted during its four years of implementation, in this quarter about 27,848 MVC have been supported directly with school fees, scholastic materials, and nutrition and food security among others. The contributions came from the private and public sectors, government, community and individuals.

The program facilitated formation of 84 new Savings and Internal Lending Communities (SILC) groups. This follows extra efforts that the program put in last year to ensure more MVC caretakers and community members have access to savings and affordable loans. To date we have formed a total of 521 SILC groups with 13,630 (2,682 male and 10,948 female) members. The groups have a cumulative total savings of TZS 1,585,887,788 (US\$ 932,875) and contributions to OVC funds of TZS 110,392,030 (US\$ 64,936).

In provision of direct services, to date the program has reached a cumulative total of 88,410 MVC. This quarter, we served about 62,231 (31,506 male and 30,725 female) MVC with at least one core care service – equal to 93% of FY 2015 target. With NACS trainings in FY 2014, this quarter we have served a total of 43,959 MVC with food and nutrition counseling.

Also, during the quarter a total of 158 Children Living and Working in the Streets (CLWS) and 86 guardians in Dar es Salaam were served, making a cumulative total of 470 CLWS and 145 guardians representing 78% and 91% of annual targets respectively. Through Amana One Stop Center (OSC) for GBV and VAC, 156 new victims and survivors of GBV and VAC were served.

PROGRAM IMPLIMENTATION REPORT

INTRODUCTION

Pamoja Tuwalee is a five year program that was initially to run from June 2010 to May 2015 and now has been extended to end of September 2015. The program is funded by the President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID). The program is implemented by four partners in five zones namely: Coast, Central, Lake, Northern and Southern. FHI 360 covers the Coast zone which includes Dar es Salaam, Morogoro and Pwani regions in the Mainland, and Unguja and Pemba in Zanzibar. The goal of this program is to improve the quality of life and well-being of Most Vulnerable Children (MVC) and their households by empowering households and communities to provide comprehensive and sustainable care, support and protection.

Coast zone is bordered by Indian Ocean on the East Coast and regions of Iringa, Dodoma, Tanga and Lindi on the other sides in mainland Tanzania. Unguja and Pemba are islands, surrounded by the Indian Ocean. The program target was to cover all 26 districts in the zone. However, it was noted that PASADA receives funds from USAID and operates in Temeke district in Dar es Salaam region, thus it was decided to leave Temeke with her and Pamoja Tuwalee/FHI360 to cover the remaining districts of Ilala and Kinondoni in order to avoid overlapping and double counting of results. To date, the program covers a total of 25 districts: two in Dar es Salaam, six in Morogoro, seven in Pwani and ten in Zanzibar.

The current population in Coast zone is estimated at 8, 985,270. Dar es Salaam has the highest number (4,364,541) followed by Morogoro (2,218,492); Coast (1,098,668); and Zanzibar (1,303,569). With the estimated proportion of children (0-18 years) of 51% of the general population, this implies an estimate of 4,582,488 children in Coast zone.

HIV prevalence is highest in Dar es Salaam where it is recorded at 6.9% which is above the National prevalence of 5%. This is followed by Coast region with a prevalence rate of 5.9%, then Morogoro at 3.8% and Zanzibar being the least at 1%. HIV/AIDS has multiplier adverse effects to the Tanzanian society in all socio-economic arenas leading to economic instability and leaving many children as orphans.

During this reporting period, the program managed to reach a total of 62,231 (31,506 male and 30,725 female) MVC with at least one core service representing 93% of the annual target. We have further reached a total of 34,210 MVC caretakers against 38,000 as annual target.

Table 1: Program Geographical Coverage and MVC Reached					
Region	Dar es Salaam	Pwani	Morogoro	Zanzibar	Total
Total # of Sub grantee per region	2	3	3	2	9*
Total # of districts	3	7	6	10	26
Total # of districts reached	2	7	6	10	25
Total # of wards in the covered region	60	97	170	321	648
# (%) of wards covered by the program	20 (33%)	97 (100%)	109 (64%)	74 (23%)	300 (45%)
Total # of villages in the region	273	621	916	NA	1810
# (%) villages covered by the program	92 (34%)	432 (70%)	587 (65%)	NA	1111 (61%)
5 years targeted # of Households	2500	7101	1568	901	12070
# (%) of households reached	4,762	15,593	10527	3322	34,210
5 years targeted # of MVC	5001	28405	6272	3605	43,283
Revised 5 years targeted # of MVC	12,738	29,816	14,974	8,253	65,781
# of MVC ever enrolled	45,122	15,615	17602	9,420	87759
# of MVC Current: October-December 2014	14,015	29,071	15,502	8,249	66,837
# of MVC Served: October-December 2014	13,192	25,676	15,114	8,249	62,231
MVC Served: sex disaggregation: October-December 2014					
Male	6549	13044	7584	4329	31506
Female	6643	12632	7530	3920	30725
MVC Served: Age disaggregation: October-December 2014					

<1 Years	10	115	18	27	170
1-4 Years	1183	1897	856	960	4896
5-9 Years	3224	6444	3780	2704	16152
10-14 Years	5241	10855	6877	3152	26125
15-17 Years	2660	5682	3094	1179	12615
18+ Years	874	683	489	227	2273

* One partner, WAMATA serves in both Dar es Salaam and Coast regions

PROGRAM ADMINISTRATION AND MANAGEMENT

Staffing

During this reporting period, the program lost one staff - Senior Technical Officer for OVC who resigned to join another organization. Recently, we have been losing staff almost every quarter and the reasons cited by the majority is moving to new opportunities with longer terms of service as our program nears its end; and to join spouses living out of Dar es Salaam. The position of Senior Monitoring and Evaluation Officer continues to remain vacant as efforts to get a replacement have been unsuccessful thus far. It is becoming very hard to get competent people to fill the position given the short remaining period of the program.

Program Extension

Pamoja Tuwalee program was scheduled to end on May 31, 2015. However, last quarter a request for a four month No Cost Extension was submitted to the donor in order to allow time to accomplish program activities, close out smoothly and share lessons with the follow on program. During this reporting period, the No Cost Extension was granted, hence the program ends on September 30, 2015.

Funds Disbursed to Partners

The program continued to work closely with its CSOs partners in building their capacity to implement program activities per the agreed plans. During the quarter, a total of TZS 679,305,922¹ was disbursed to all 9 Sub grantees as detailed in the table 2 below:

¹ The total fund disbursement figure is generated from reviewed and approved Sub Grantees requests.

Table 2: Sub grantees Funds Disbursements and Expenditures Status - October to December 2014

SUB GRANTEE	DISBURSEMENTS (TZS)	EXPENDITURE (TZS)
Faraja Trust Fund	53,044,000.00	29,609,700.00
Roman Catholic Dioceses of Mahenge	109,300,000.00	73,386,673.00
Huruma AIDS Concern and Care (HACOCA)	99,837,500.00	29,951,250.00
Baraza la Misikiti Tanzania (BAMITA)	20,361,000.00	11,582,900.00
Jipeni Moyo Women and Community Organization (JIMOWACO)	75,521,400.00	44,343,432.00
Roman Catholic Archdiocese of Dar es Salaam (YAM and Mafia Parish)	51,615,122.00	27,703,965.00
Walio katika Mapambano na UKIMWI Tanzania (WAMATA DSM)	162,627,400.00	85,851,700.00
Walio katika Mapambano na UKIMWI Tanzania (WAMATA Pemba)	54,806,000.00	35,648,000.00
Zanzibar Muslim Women Association to Support Orphans (ZAMWASO)	52,193,500.00	24,536,000.00
Balance from Previous Quarter	88,165,372.00	
TOTAL	767,471,294.00	362,613,620.00

OBJECTIVE 1: Increase the capacity of communities and local governments to meet the needs of OVC and their households in an innovative, efficient and sustainable manner by enhancing their competencies to provide support and by improving communication, coordination and collaboration across sectors.

In this final year of program implementation, we are synthesizing the activities that have been done to ensure continuity of MVC care, support and protection beyond the program. In this reporting period we worked very closely with the social welfare officers to organize and facilitate the Council Management Team meetings in their respective districts while giving them facilitation roles to lobby their councils to allocate the budget for MVC and continue to prioritize MVC activities. As part of strengthening the LGAs capacity, we also had joint annual planning meeting in which both district planning and social welfare officers were able to internalize and form

understanding of their roles sustaining the achievements of the program in addressing MVC needs within their districts. Below are more details on the activities performed under this objective.

1.1 Mobilize support for OVC through advocacy campaign

Following successful implementation of resource mobilization activities, the program continue to count positive response from LGAs, MVCCs, SILC groups, Public Private Partners and other community members in responding to the needs of MVC. In this first quarter of FY 2015, a total of TZS 80,174,950 (US\$ 47,162) has been contributed from different stakeholders in which 1,975 MVC were supported as narrated below:

Morogoro: Through the local partner HACOCA, advocacy meetings were conducted in the past and this quarter. In one of these meetings, Sokoine University of Agriculture promised to support some MVC on continuous basis. To honor their commitment, in this reporting period, the University supported 13 (5 male and 8 female) MVC with school shoes amounting to TZS 390,000 (US\$ 229) as the children prepared to start a new schooling term. The University has reaffirmed its commitment to support more MVC in Mvomero districts. In addition to that, Good Samaritan, SILC groups, CRDB Bank and Tigo in Morogoro Municipal council and Mvomero contributed a total of TZS 3,690,000 (US\$ 2,171) through which 65 (18 male and female 47) MVC were provided with different services including access to health services, economic strengthening, food, school examination fees, school uniforms/ materials and shelter.

Savings and Internal Lending Communities (SILC) groups collectively supported a total of 54 MVC. This is mainly due to newly established SILC groups and additional commitments from existing group members. The total contribution was TZS 3,138,450 (US\$1,846). This was mainly used to cater for scholastic materials and payment of school fees.

Five Most Vulnerable Children Committees (MVCCs) in Morogoro collected a total of TZS 210,000 (US\$ 124) through which a total of 32 (14 male and 18 female) MVC were supported with school fees, scholastic materials and food. Other MVCCs continued to provide in kind support to MVC.

Pwani: The program has witnessed increased commitments in Pwani in terms of supporting MVC and their caretakers following resource mobilization advocacy and awareness raising activities and mostly, linkage with TASAF which has supported more than 3,245 MVC during the past six months. In this reporting period, we continued to nurture the relationship with public and private partners such including TASAF in efforts to ensure MVC and their households continue to access services beyond program implementation. TASAF in Bagamoyo and Kibaha districts during this quarter supported about 1,180 (542 male and 638 female) MVC and their caretakers with cash amounting to TZS 37,122,500 (US\$ 23,202) – last quarter they supported 2,065 MVC to the tune of TZS 40,979,500. This was under their program for education and cash transfer for vulnerable households. The money provided met MVC school needs and capital for household small business

as elaborated in detail under objective 2. Apart from TASAF III, there were other contributors in Pwani who supported 1449 (711 male and 738 female) per summary below.

Table 3. Summary of MVC contribution from community and other stakeholders Oct - Dec 2014

<i>District</i>	<i>M</i>	<i>F</i>	<i>T</i>	<i>Kind of support</i>	<i>Source of support</i>	<i>Monetary Value of support (TZS)</i>
Bagamoyo	105	122	227	Health insurance, food, mosquito net, birth certificates	SILC, ELCT, Village council & Good Samaritan	3,546,800
Kibaha District Council	583	572	1155	Education support & food	CAMFED, Plan International, Feed the children	6,438,000
Kibaha Town Council	2	6	8	Food, Education & casual clothes	COMPASSION & SILC	152,000
Mkuranga	21	38	59	Education, birth certificates & cost for medical services	Swaibat Islamic, SILC & Good Samaritan	515,000
Total	711	738	1449			10,651,800

Zanzibar: During this reporting quarter, MVCCs, SILC groups, empowered caretakers, business companies and community members in both Pemba and Unguja supported 291 (148 male and 143 female) MVC. The support amounted to TZS 3,194,900 (US\$ 1,879). This follows the advocacy and awareness rising activities conducted by the program in the previous quarters. Below are further details:

- Sixty three MVC (36 male and 27 female) in Pemba were supported by three SILC groups where they received school uniforms and text books worth TZS 142,000 (US\$ 84). Also, a businessman and 15 caretakers supported a total of 31 (18 male and 13 female) MVC with school fees, uniforms and text books worth TZS 457,900 (US\$ 269).
- In Unguja a total of 228 (112 male and 116 female) MVC received support worth TZS 2,595,000 (US\$ 1,526) from: private individuals, SILC groups and caretakers. The support was in the areas of education, nutrition, house and shelter and economic strengthening.

Dar es Salaam: In Dar es Salaam, a total of TZS 1,056,000 (US\$ 621) was received from MVCCs, private sectors and individuals. Also, following the awareness raising campaign through the churches, Good Samaritans from Ubungo and Manzese supported 78 (34 male and 44 female) with scholastic materials and school fees; and a total of TZS 395,000 was raised from SILC groups in Ilala district and supported 30 (15 male and 15 female) MVC.

1.2 Strengthen LGAs to Implement the NCPA II/ZCPA

Strengthening the capacity of LGAs is key towards sustainability of MVC care, support and protection. The activities conducted are geared to ensure all the LGAs understand the NCPA II including their roles and responsibilities in care, support and protection that will lead them to prioritize MVC activities in their budget allocation, and equally important, ensure the allocated budget is used for the purpose.

In addition to advocacy and other capacity building activities the program did in the past, during this reporting period the program brought together the program staff, District Planning Officers and District Social Welfare Officers to reflect on the program achievements in the past four years of implementation, challenges and deliberate on what the LGAs can do to ensure continuity of MVC care as the Pamoja Tuwalee Program comes to an end later this year. During the meetings, LGAs made commitment to prioritize MVC activities during budget allocation in their annual plans. In FY 2014/2015, a total of TZS 336,329,000 (US\$ 197,841) was budgeted for MVC activities by the 15 districts in the program coverage areas. The program is following up on the actual amount spent and also negotiating for increased budget allocation for FY 2015/2016.

Strengthen supportive supervision: As part of monitoring the program implementation, Pamoja Tuwalee program/FHI 360 has been conducting supportive supervision every quarter. Findings of the visits are shared with both LGAs and other key program implementers at the community level such as Community volunteers, MVCCs and Village leaders. During this quarter, the program in collaboration with the DSWOs conducted supportive supervision to the community volunteers, MVCC members and SILC groups. A total of 75 were visited and the plan is to reach 206 Wards in the next quarter. Through supportive supervision, issues of closeout were discussed to ensure the stakeholders (MVC and their caretakers, SILC group members and CRPs, MVCC members and Village government authorities) understand and plan for the continuity of MVC care, support and protection. According to our supportive supervision checklist, we provide feedback after the visit at each level and agree on the way forward.

1.3 Strengthening MVCC to lead Community Support for OVC

In its final year of implementation, the program continues to remind the LGAs and community structures, especially MVCCs the importance of fulfilling their roles and responsibilities in MVC care, support and protection. In the last quarter, a refresher training was conducted to 54 MVCCs that included updating of MVC registers. Cumulatively, the program has supported a total of 627 MVCCs within its operational areas. In addition to formal trainings, we conduct supportive supervision, provide mentoring and coaching to MVCCs to ensure they continue to coordinate and provide support beyond the program implementation period.

1.3.1 Implement capacity building plans for existing MVCCs

The 627 MVCCs established by Pamoja Tuwalee program has a total number of 6,670 members (10 for each committee) all of whom have been reached with capacity building activities. It has been observed that there is a gradual increased commitments by MVCCs in supporting and protecting MVC. For example, during this reporting period, five MVCCs in Morogoro municipality raised TZS 210,000 to meet the education and health needs of 13 MVC. Also, in Pwani region, Bagamoyo district - Vigwaza MVCC raised a total of TZS 2,000,000 (US\$ 1,176) following awareness raising/campaign on MVC support.

1.3.2 Advocate for membership of current community volunteers in MVCC

Based on past experience in which MVCCs with community volunteers as members seem to be more active in facilitating linkages between the programs and other stakeholders, the program continued to promote this setting. Currently, 1042 volunteers are members of MVCC which is 92% of the total 1128 volunteers in the program against 90% (1014) of last quarter.

Table 4: Number of Volunteers who are MVCC Members as of December 2014

District	Number of Volunteers			Number and % of Volunteers who are MVCC members			
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>%</i>
Morogoro							
<i>Morogoro Rural</i>	24	33	57	24	33	57	100%
<i>Morogoro Municipal</i>	7	19	26	7	19	26	100%
<i>Mvomero</i>	19	31	50	11	22	33	66%
<i>Kilosa</i>	16	24	40	7	12	19	48%
<i>Kilombero</i>	33	30	63	26	21	47	75%
<i>Ulanga</i>	55	52	107	56	44	100	93%
<i>Subtotal</i>	154	189	343	131	151	282	82%

Dar es salaam							
<i>Kinondoni</i>	31	50	81	31	50	81	100%
<i>Ilala</i>	32	36	68	32	36	68	100%
<i>Subtotal</i>	63	86	149	63	86	149	100%
Zanzibar							
<i>Wete</i>	5	17	22	4	10	14	64%
<i>Micheweni</i>	4	7	11	3	5	8	73%
<i>Chakechake</i>	5	12	17	5	6	11	65%
<i>Mkoani</i>	4	1	5	4	1	5	100%
<i>North A</i>	6	4	10	6	4	10	100%
<i>North B</i>	5	9	14	5	9	14	100%
<i>Central</i>	6	8	14	6	8	14	100%
<i>South</i>	2	3	5	2	3	5	100%
<i>Urban</i>	2	6	8	2	6	8	100%
<i>West</i>	6	13	19	6	13	19	100%
<i>Subtotal</i>	45	80	125	43	63	108	86%
Pwani							
<i>Bagamoyo</i>	63	52	115	56	51	107	93%
<i>Kisarawe</i>	32	27	59	32	27	59	100%
<i>Mafia</i>	12	11	23	12	11	23	100%
<i>Kibaha DC</i>	39	32	71	39	32	71	100%
<i>Kibaha TC</i>	28	36	64	28	36	64	100%
<i>Rufiji</i>	25	47	72	25	47	72	100%
<i>Mkuranga</i>	63	44	107	63	44	107	100%
<i>Subtotal</i>	262	249	511	255	248	503	98%
Grand total	524	604	1128	492	550	1042	92%

Source: Regional quarterly report October -December 2014

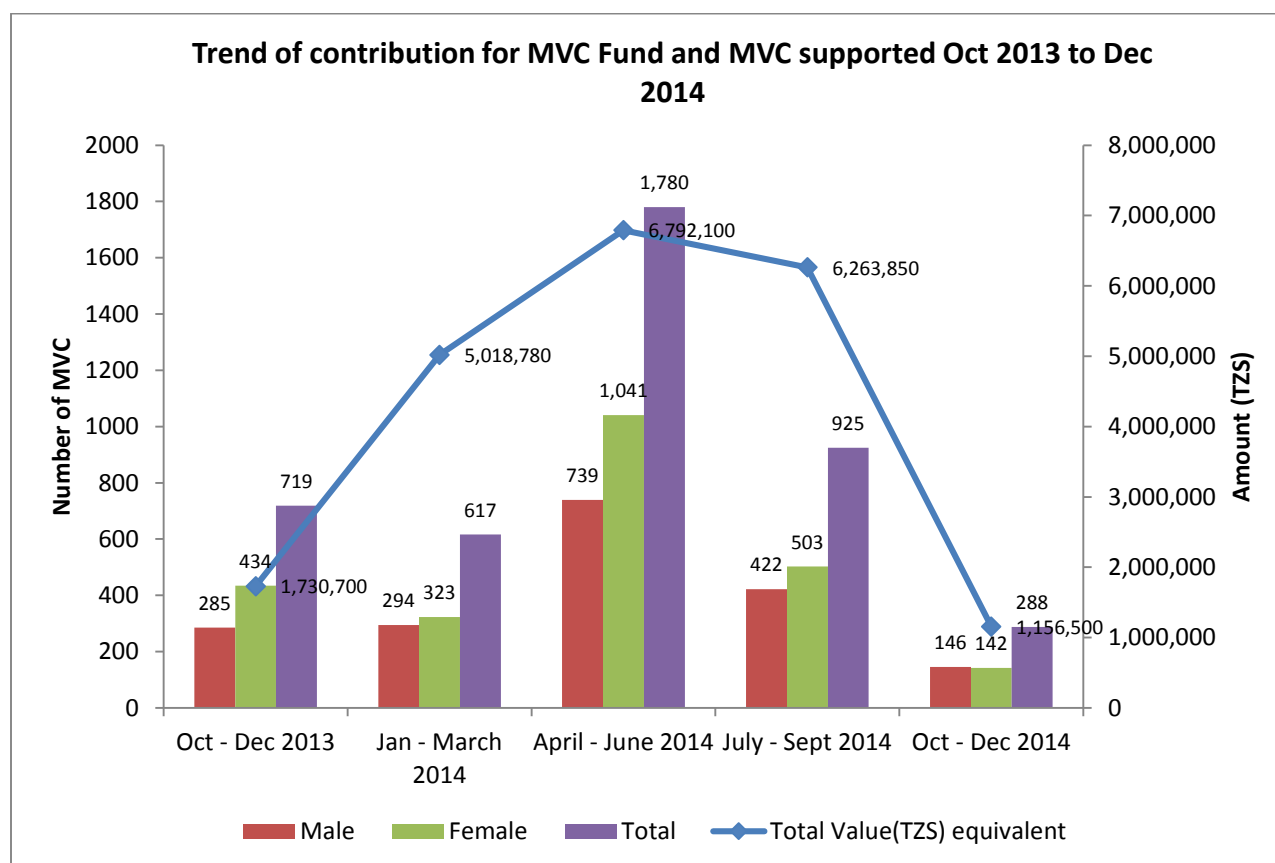
1.3.3 Support creation of MVCCs where they do not exist

This was done in the first and second years of the program after which efforts focus on capacity building for the MVCCs. Hence no new MVCCs formed this reporting period.

1.3.4 Support Local Authorities to develop village level fund to support OVC

As stated in the previous section, the program has invested in community structures so as to ensure continuity of care, support and protection to MVC beyond the program period. Based on the support provided to MVCCs in the past, the program continue to record some progress of MVCCs coordinating and collecting funds to support MVC. In FY 2014, the contribution amounted to TZS 20,961,930 (US\$12,331) and was used to support about 4,383 (1904 male and 2443 female) MVC. In this quarter, a total of TZS 1,156,500 was collected to support 288 MVC with school fees, uniforms and health care. This is not a one off contribution, in many villages each household

contributes something for the MVC on monthly basis. The amount for each household is small, it ranges from TZS 100 to 1000, but when added into a pool of MVC fund, it provides some meaningful support to MVC.



Source: Regional quarterly report October –December 2014

1.3.5 Support savings, income-generation and food security activities among MVCCs

While MVCC members are committed to support MVC, most of them are also vulnerable to poverty and also have other life challenges. Based on this, they are encouraged to be part of the program initiated income generating activities. As a result, this quarter, there was a slight increase of 12% in the MVCC members participating in savings groups - from 555 members last quarter to 623. Within the remaining period of the program, we will continue to encourage the MVCC members to join savings and credit schemes.

1.4. Strengthen Local CSO Partners to Support MVC Services.

In this reporting period the program supported the CSOs to implement their capacity building action plans focusing on financial management and resource mobilization as elaborated below.

1.4.1 Develop and implement capacity building plans for local CSOs

Through coaching and mentoring conducted by Regional Grants Officers, four CSOs have generated financial reports using quick book accounting software application. These organizations are HACOCA, Roman Catholic Diocese of Mahenge, Faraja Trust Fund and WAMATA Dar es Salaam. With the use of quick book accounting software, there is reduced workload for the accountants and the quality of the financial reports has improved tremendously as:

- Calculations are done automatically so accountants do not have to do that manually which is time consuming and more prone to arithmetic errors
- Reduced or eliminated arithmetic errors / mistakes
- Data entry is consistent which makes finding or analyzing data much easier
- Changes are easily propagated throughout the system
- Searching for information is easy and quick with many options to sort and display the information
- Multiple report formats are available to view or print

Other CSOs have not been able to generate reports this quarter because the desktop computers installed with quick book software application had technical problems. The program is in the final arrangements to support these CSOs purchase computer CPU and reinstall the software application. The plan is to have all CSOs generating reports using quick book in the next quarter.

Another capacity building activity that was supported in this reporting period was the resource mobilization training for JIMOWACO. The aim of the training was to strengthen and enable JIMOWACO depend more on available local resource opportunities in carrying out projects and less on foreign donors. The goal is derived from the following rationale:

- The existing pattern of support for civil society organizations (CSOs), which is largely based on foreign funding is not sustainable
- A variety of other domestic resources are potentially available to civil society organizations, but have not been adequately researched / explored or attempted. Local support, through local funding, is fundamentally important for the long-term sustainability of civil society organizations and their respective programs

The training also aimed at providing tools that JIMOWACO can use to effectively mobilize resources as well as to challenge the way the organization perceives resource mobilization and how it operates. Key learning objectives were:

- Identify common funding and resource mobilization issues
- Understand the global and local funding environment
- State the basic principles of resource mobilization
- Show the difference between resource mobilization and fundraising

- Describe the importance of organizational planning and the impact that the Mission Statement and Vision have on the funding approach
- Describe the different types of resources and potential sources of support
- List non-financial resources and explain their significance for a non-profit organization
- Self-assessment of organizations' readiness to carry out resource mobilization
- Equip the CSO with knowledge/skills that will enable them to develop a resource mobilization strategy

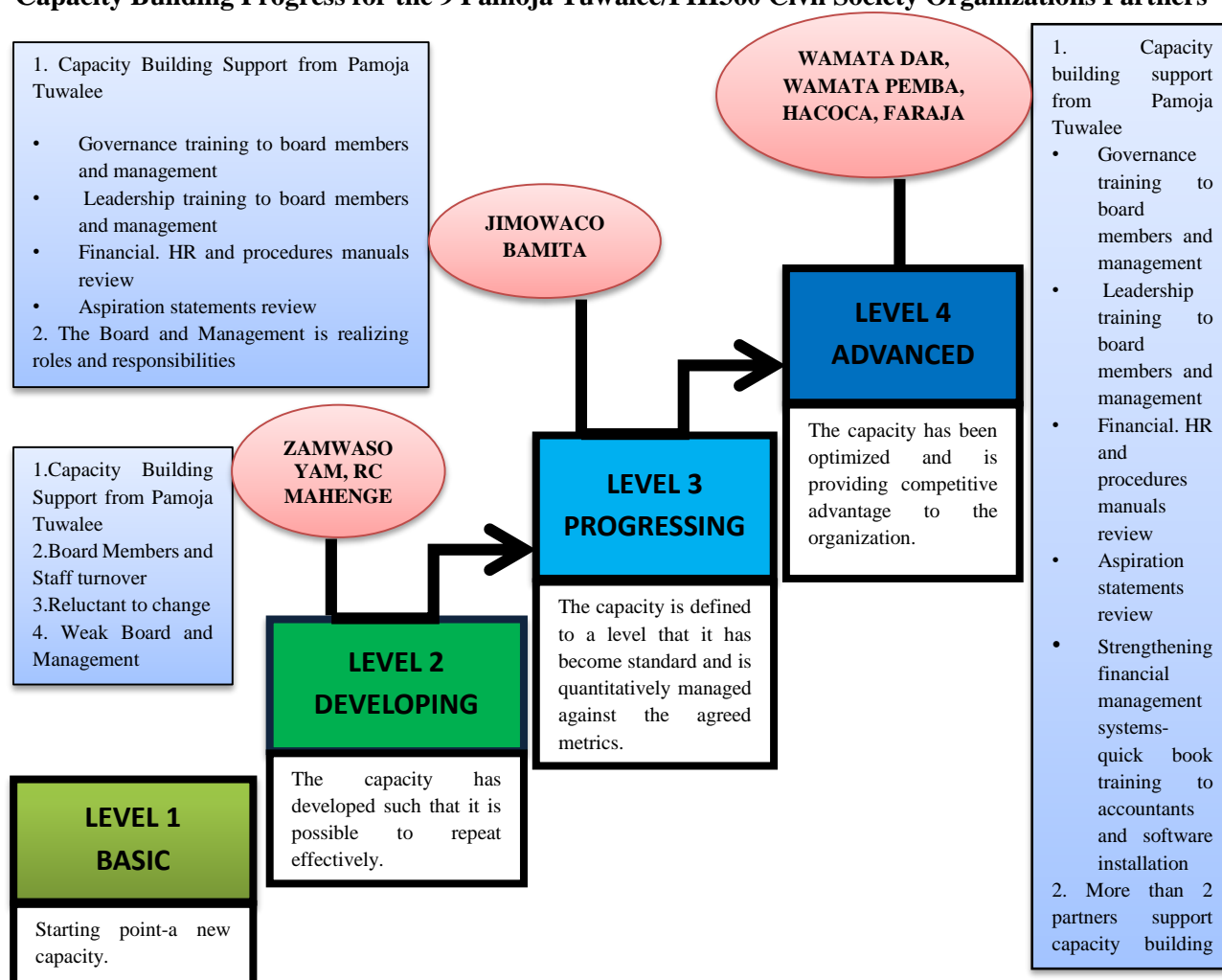
The training brought together board members and staff. It was designed to be participatory where a variety of experiential learning activities were used. Practical examples were used giving the participants an opportunity to learn actively and understand the context of the training. In the next quarter the resource mobilization training will be conducted to WAMATA Dar es Salaam, WAMATA Pemba, BAMITA, ZAMWASO, RC Mahenge, HACOCA and Faraja Trust Fund.

1.4.2 Assist high-functioning CSOs to graduate to self-sustaining status by the end of Year 5

The program has identified 4 relatively high functioning CSOs which receive maximum capacity building support in the areas of governance, financial and grants management, leadership, resource mobilization and project management. These organizations are HACOCA, Faraja Trust Fund, WAMATA Dar es Salaam and WAMATA Pemba.

In this reporting period, capacity building support was directed towards grants and financial management where coaching was conducted by Regional Grant Officers. The target was to enable the identified high functioning CSOs generate reports using quick book software applications. The figure below shows capacity building progress for the 9 CSOs partners citing high functioning CSOs at level 4 (Advanced).

Capacity Building Progress for the 9 Pamoja Tuwalee/FHI360 Civil Society Organizations Partners



1.5.1. Facilitate Meaningful Participation of the Business Community in MVC Support

Private and public partnership is essential in contributing to the wellbeing of MVC through corporate social responsibility. Since its inception, the program has been trying to forge partnership with private sectors. Noting the protocols and slow acceptance of big companies' involvement in supporting OVC because of their own strategies under their corporate social responsibility plans, we decided to focus on both middle and small private sectors. This focus has earned good results. In FY 2014, the program recorded increased response from the public and private sector in which a total of TZS 148,592,800 (US\$ 92,871) was contributed and used to support about 6,314 (2983 male and 3331 female). In this quarter, a total of TZS 53,604,300 (US\$31,532) has been contributed through this partnership and using the same, 2806 MVC have been supported with food, birth certificate, and education - school fees, scholastic materials and school uniforms.

1.5.2. Improve Coordination Among and Across Sectoral zones

Coordination is a good strategy for quality, comprehensive and sustainable care, support and protection to MVC. In the past four years, Pamoja Tuwalee Program/ FHI 360 has built the capacity of LGAs to coordinate MVC services in their respective districts. This has been stated in the Pamoja Tuwalee Mid Term Evaluation Report 2013, in which all the districts consulted acknowledged FHI 360 support in creating MVC stakeholders' inventory and formation of District Implementing Partners Group (DIPG) and how these have been instrumental in the implementation of both NCPA I and II. To date, 13 out of 15 districts in the implementation area in Tanzania Mainland have functioning DIPGs and also through our partners both in Unguja and Pemba, we are actively participating in the two coordination structure in Zanzibar.

1.6.1 Mapping Government and donor activities in program coverage areas

The program in the past years supported the LGAs especially in Dar es Salaam and Pwani to map government, public and private partners undertaking interventions that can impact the lives of vulnerable children. Based on that, stakeholders were identified and that formed part of the DIPGs. Based on the lessons learned, the program facilitated each district in Morogoro, Unguja and Pemba to have inventory of all service providers that facilitates referrals and network. As stated above, this has been a major achievement the program is proud of as most of the LGAs have promised to continue facilitating these quarterly forum even after the program ends.

1.6.2 Support coordination and networking through DIPGs at district/zonal level

By the end of FY 2014 the program had facilitated establishment of 15 District Implementing Partner Groups - 13 in the Mainland and 2 in Zanzibar. The established DIPGs have demonstrated promotion and guidance for provision of referrals and networking between and among stakeholders at the district level.

As part of closeout plan, the program facilitated council management meetings and DIPG meetings aimed at reflecting together on the program activities, achievements, lessons learned, challenges and help them to plan how to take up some of the responsibilities. In this reporting period, we have facilitated 11 districts (4 in Morogoro and 7 in Pwani) with Council Management Team (CMT) and DIPG meetings. We will complete the exercise in the next quarter in the remaining districts and after that we will conduct similar meetings with Ward Development Councils.

1.6.3 Conduct annual planning meeting with implementing partners and share experiences on best practices

In the efforts to improve performance, the program has been organizing annual meetings with sub grantees to share program progress, challenges, lessons learnt and best practices. The forum brings together both sub grantees, Pamoja Tuwalee and occasionally LGA staff specifically DSWOs. Unlike previous years, FY 2015 annual meeting been the last one, brought together all sub grantees' staff including data clerks; two DSWOs and one District Planning Officer (DPO) from each district council within the program area. This was to create synergies between the

implementing partners, DSWOs and DPOs. Also, most important to have DPOs own the commitments towards sustaining care and support to MVC after the project ends, and since they are very instrumental in council planning and budgeting process, together with DSWOs they will spearhead the MVC agenda in the District Medium Term Expenditure Framework (MTEF). The forum was also utilized to share close out plans with the sub grantees and relevant council staff for their inputs/consensus before rolling out the plan.

Following this annual planning meeting, CMT and DIPGs meetings, the program was commended for the good work done in supporting the MVC and more importantly building the capacity of the LGAs and through that LGAs made commitments to ensure continuity of MVC care, support and protection.

1.6.4 Coordination among implementing partners across zones through monthly Implementing Partners Group meetings

Pamoja Tuwalee program/FHI360 has been an active member in the National Implementing Partners Group (IPG) forum. This being an important forum for MVC stakeholders is organized and facilitated by the Ministry of Health and Social Welfare through the Department of Social Welfare (DSW). The major objective of the forum is to share lessons learnt and best practices among MVC partners as well as sharing implementation progress through MVC Monthly Update Newsletter.

During this quarter, we continued to participate in the IPG meetings and also shared the monthly updates accordingly. In addition, we are part of the child protection committee that is preparing the child protection conference planned for next quarter. As a member of the Technical Working Group for HIV/AIDS Impact Mitigation, we have participated in those meetings and contributed to the planning for the AIDS Day which was nationally commemorated on Dec 1, 2014 in Njombe Region.

OBJECTIVE 2: Increase the capacity of households to protect, care for and meet the basic needs of OVC in a sustained way by improving their caretaking, livelihood and health-seeking skills

Reducing economic vulnerability among MVC households remains fundamental in increasing caretakers' ability to protect, care for and meet the needs of their children. In understanding this the program targets MVC household because it is the primary support center and has a significant impact in the growth and development of a child.

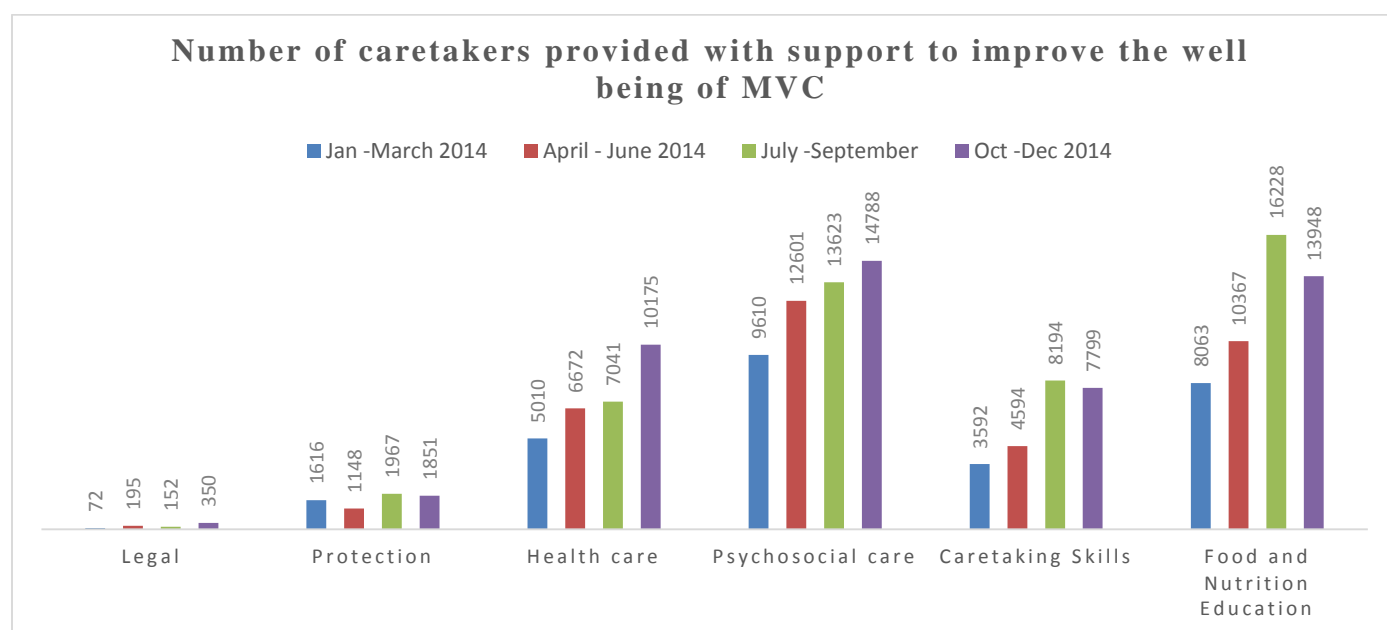
During this quarter, the program continued to record increased savings in SILC groups, increased number of caretakers who are able to provide their children with scholastic material, as well as

increased number of caretakers who join SILC groups and start economic activities. The program continued to link and collaborate with other stakeholders who provide economic and non-economic strengthening support such as TASAF III, Mwanzo Bora and TAPP.

2.1 Provide training for household caretakers in caretaking skills, PSS and reducing stigma/discrimination

In responding to the impact of poverty and HIV among MVC households the program provides both economic and non-economic support. The non-economic support which aims at building the confidence of caretakers to cope with life shocks as well as creating good environment for their children. The support is provided through community volunteer home visits to MVC households.

During this quarter, community volunteers were able to reach caretakers with caretaking skills (7799); psychosocial care (14788); health care (10175); food and nutrition (13948); legal support (350) and protection issues (1851). The figure below shows the trend of various support provided to caretakers in four quarters.



Source: Regional quarterly report October-December 2014

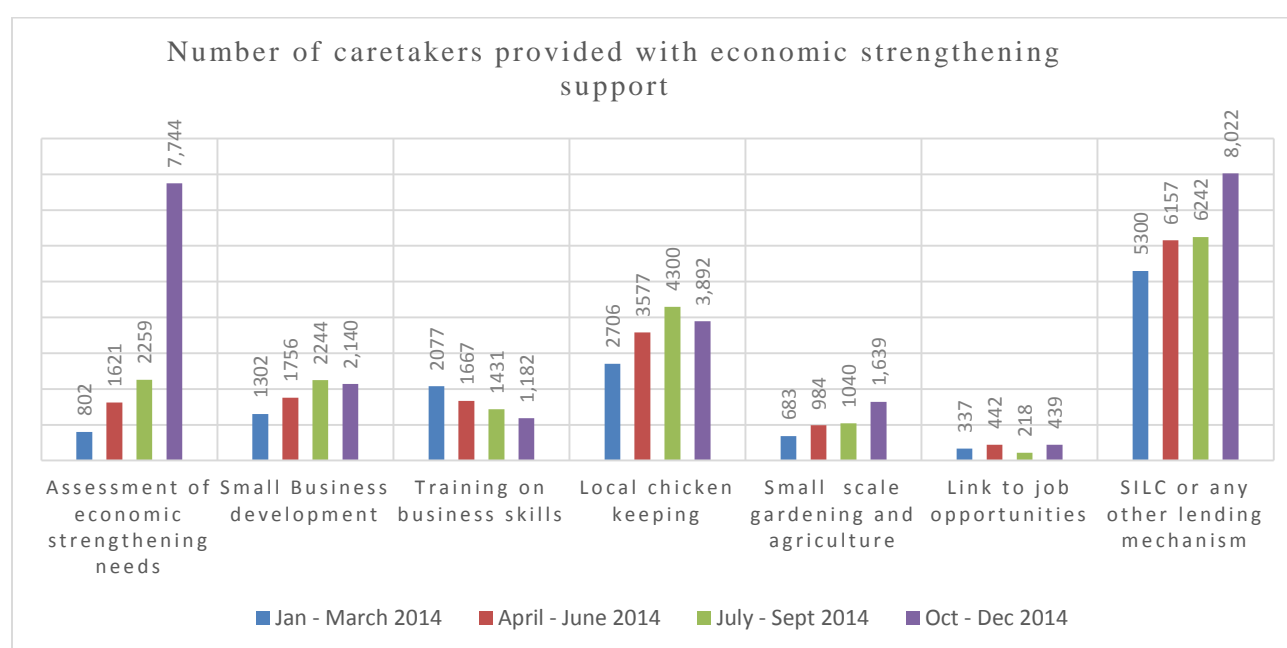
Activity 2.2 Provide training and other support to increase savings and improve livelihood for MVC households.

The program provides various economic capacity building activities to MVC households including assessment on economic strengthening needs, home gardening, beekeeping, local chicken keeping, as well as support to improve their skills on entrepreneurship. Also, the program initiated savings

and credit scheme (SILC) where, by joining SILC groups, caretakers get loans at small interest rates for establishment of IGAs / other small businesses.

During this reporting period, the following was accomplished:

- Through linkage and networking 11 MVC caretakers (3 males and 8 females) were trained on chicken keeping and how to make local mats for income generation.
- In Bagamoyo district, Zinga village 1 caretaker was linked to Good Samaritan where he was supported with veterinary services worth TZS 220,000 (US\$ 129) for her dairy goats donated by Heifer International as small business startup capital.
- In Kibaha and Bagamoyo as already mentioned, the program linked MVC households with TASAF III for cash transfer for economic strengthening and education support. To-date the linkage to TASAF III has benefitted a total of 647 MVC households in the two districts.



Source: Regional quarterly report October -December 2014

This quarter, the Community Resource Persons (CRPs) previously trained by the program continued to mobilize SILC groups whereby 86 new groups were formed, making a cumulative total of 521 groups with a total membership of 13,630 (2682 male; 10948 female). The cumulative savings of the groups is TZS 1,585,887,788 (US\$ 932,875) while the groups' contributions to OVC fund totals TZS 110,392,030 (US\$ 64,936). This is an increase of 17% and 51% respectively from last quarter.

Table 5: SILC groups category of members and savings per region Dec 2014

Region	Number of Groups	Sex		Member category						Total Savings	Contribution for OVC fund
		Male	Female	Total	MVC	MVC HH	MVCC	Volunteers	Other Community		
Morogoro	163	863	3,119	3,982	10	747	146	192	2,887	612,353,610	33,548,750
Dar es salaam	126	407	3,248	3,655	2	831	157	149	2,516	505,527,150	41,886,350
Zanzibar	70	378	1,611	1,989	9	455	69	56	1,400	151,541,728	3,982,100
Pwani	162	1,034	2,970	4,004	219	1,698	251	162	1,675	316,465,300	30,974,830
Total	521	2,682	10,948	13,630	240	3,731	623	559	8,478	1,585,887,788	110,392,030

Source: Regional quarterly report October-December 2014

As reflected on the table above, the number of MVC caretakers (i.e. MVC household members, MVCC members and Volunteers) who are members of SILC groups increased this quarter to 4913 from 4179 of last quarter. This is attributable to continued efforts of the program in ensuring a minimum of 10% MVC caretaker membership in every new SILC group.

2.2.1: Training on entrepreneurship skills and SILC initiative to community resource persons and DSWOs

Community resource persons are key players in educating and mobilizing community members to form SILC groups whereby collective savings are pulled together and lending services provided at affordable interest rates. The roles of the CRP are to mentor new established SILC groups; assist the groups on share-outs at the end of each cycle, developing or modifying constitution; overseeing group leadership election; and resolving group conflicts. Following training of new 303 CRPs in quarter two, the program continue to note an increase in new formed SILC groups, and as mentioned above, increase in MVC caretaker membership in SILC groups.

2.2.2: Regular CRPs meetings

During this reporting period CRP meetings were conducted aimed at sharing the status of the new established SILC groups and the registration of existing ones. The Districts Community Development Officers (DCDOs) were invited to the meeting to provide information regarding the procedures and processes to be followed for SILC groups' registration. The DCDOs informed on the procedures and emphasized on having a sound and effective group constitution as this is must have document for SILC groups to qualify for registration. Registration of SILC groups into legal entities will enable them to access loans from other financial institutions. Besides need for

information on group registration process, the invitation of DCDOs was also an effort to cement councils' ownership of the groups and subsequent provision of support to the same in future.

2.2.3: Conduct market linkage

The challenge of market for products and produce of economic ventures of SILC groups cannot be underestimated. A variety of factors impend caretakers in accessing potential markets. Caretakers are restricted with distance from market which limit their ability to sell. Similarly, lack of permission to sell in certain markets increase their vulnerability. Again, information may not be readily available for them to access and understand market dynamics. Therefore, linking caretakers with potential markets is crucial in ensuring they sell their products and produce at a fair prices for subsequent realization of meaningful profits, increase in household income hence improved care to MVC.

During this reporting period we continued to encourage caretakers to engage in collaborative/collective selling through SILC groups. Collaborative selling gives them power to address market challenges.

2.2.4: Training on entrepreneurship skills and provision of startup kits to MVC caretakers

Another key activity in supporting MVC households economically is that of enhancing entrepreneurship skills among caretakers. Through business counselling provided by community volunteers, caretakers are able to start /improve their small businesses.

Following entrepreneurship training in previous years, volunteer have continued to train caretakers in business skills. This has resulted in more caretakers engaging in economic activities. During this reporting period in Kiromo village in Bagamoyo 3 female caretakers were linked to Moyo Mmoja Trust Fund and supported with TZS 1,140,000 (US\$ 671) as capital to establish small business. Each of them received TZS 380,000 (US\$ 224). The caretakers have a total of 7 (3 males and 4 females) MVC who later will benefit from the support.

Currently, the program is working with the IPs to identify caretakers to be provided with start-up kits in the next quarter.



Caretaker preparing chapatti for selling in Bagamoyo

2.3 Support training and linkages to improve MVC households' food security and nutrition.

Household Food Security (HFS) is enhanced when members of the household have adequate knowledge on appropriate food and other resources in the household. Availability, accessibility and affordability of food have a disproportionate effect on MVC households affecting their nutritional status. To address this, the program contributes towards efforts to ensure that MVC households have access to sufficient and nutritious food. Additionally, the program continues to sensitize communities to contribute food especially during harvesting period. However, no remarkable outcomes have been noted this reporting period as in most communities it was not a harvesting season.

In Bagamoyo and Kibaha districts 98 (50 male and 48 female) MVC were supported with food by SILC groups, MVCCs, and Good Samaritan. The food included rice, beans, sugar, cooking and maize all valued at TZS 1,420,000 (US\$ 835).

2.3.1 Training on households' nutritional assessment, counseling and promotion of households food security

Nutrition has a lot of influence on the health status of a child. As such assessment of nutritional status of children and the subsequent support are critical in improving the well-being of MVC. In FY 2014, the program in collaboration with FANTA III trained TOTs on Nutrition Assessment Counselling and Support (NACS) who in turn trained more than 600 community volunteers. The nutritional assessment aim at risk of malnutrition for early before severe malnutrition. needs for nutrition education track growth and weight children. For those who are are provided with nutrition malnourished, a nutrition care severely malnourished are product, micronutrient other clinical services. In this volunteers conducted 16,722 (8800 male and 7922 1396 (738 male and 658 This makes a total of 29,278 assessed on nutritional status Among those who were 186 female) were HIV



Community vo assessment using a MUAC tape

firstly identifying people at intervention or referral Secondly, identifying and counseling as well as trends among under five identified as healthy they education while for slightly plan is developed and those referred for special food supplementation and / or reporting quarter, nutrition assessment to female) MVC whereby, female) were under five. MVC who have been using MUAC tapes. assessed 379 (193 male and positive. These were

referred to health facility for Ready to Use Therapeutic Food (RUTF) or dietary plan. Community volunteers continue to make follow-ups on the referral cases to ensure that clients get appropriate services and whether their nutritional status is improving. Also, the caretakers of the assessed MVC were counselled on nutrition and a dietary plan for their MVC. Volunteers will follow up on monthly basis and if there is no improvement within three months, the MVC will be referred to a health facility for further support.

The 16,722 MVC assessed this reporting period is an increase of 4,166 (33%) from 12,556 last quarter. The increase is due to the program effort in reaching more MVC households with nutrition support. The table below shows the nutrition status of MVC as established by the nutrition assessment exercise.

Table 6. Results of MVC Nutrition Status Assessment

Region	Total MVC Assessed		Heathy MVC		Slightly Malnourished		Severely malnourished MVC		Referred MVC	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Morogoro	2,720	2,636	2,453	2,406	252	223	15	7	18	24
Dar es Salaam	2,112	2,096	2,096	2,051	16	45	0	0	0	0
Pwani	2,034	1,363	1,356	889	623	418	55	56	55	56
Zanzibar	1,934	1,827	1,824	1,770	87	65	8	7	8	7
Total	8,800	7,922	7,729	7,116	978	751	78	70	81	87

Source: Regional quarterly report October-December 2014

The program continues to link MVC caretakers with existing nutritional programs such as Mwanzo Bora project, NAFKA and Tanzania Agricultural Productivity Program (TAPP) in order to receive nutrition education, counseling and support.

2.4 Support training on social, legal rights and establishment of community protection structures.

In responding to child abuse and violence, the program has been sensitizing beneficiaries and community members on issues of child rights and protection so that they can help children from all forms of abuse. Following the previous training on child protection to CSO focal persons, Amana Hospital staff and District Social Welfare Officers (DSWOs), the program has witnessed increased community awareness in responding and reporting cases of abuse to relevant institutions including the One Stop Center. In some of the program districts, the trained CSO staff and district social welfare officers continue to transfer the knowledge and skills to the community through

MVCCs, volunteers and other partners to ensure prevention, protection, care and support for victims of gender based violence and child abuse through the following specific activities:

2.4.1 Facilitate utilization of Child helpline.

The community has continued to benefit and utilize the knowledge of using the child helpline number 116 for reporting incidences of abuse. This is the outcome of the training provided to 22 program staff on the use of child helpline who cascaded the knowledge to community volunteers and the latter to community at large. During this reporting period, cases reported through the helpline were provided with referral services through police gender desk, social welfare, OSC and legal organizations.

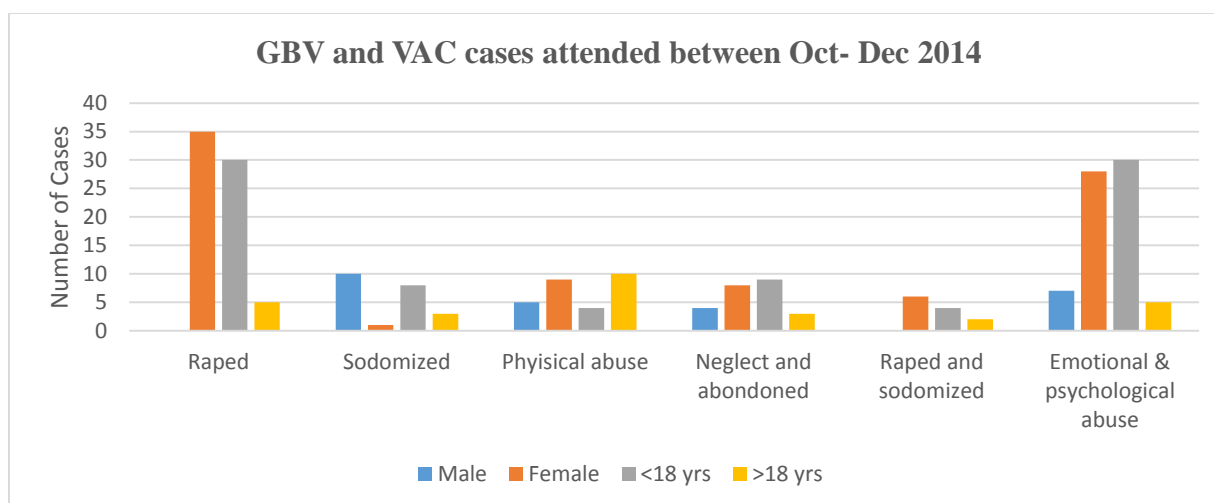
2.4.2 Piloting One Stop Center services in Ilala District

In complimenting the national efforts in responding to violence against children, the program facilitated the establishment of One Stop Center (OSC) which has been providing services to victims and survivors of VAC and GBV. There has been a notable linkage and referral of cases to the OSC and from OSC to other service providers such as Police and Gender desk, Muhimbili National hospital, Social welfare officers and District Child Protection Teams.

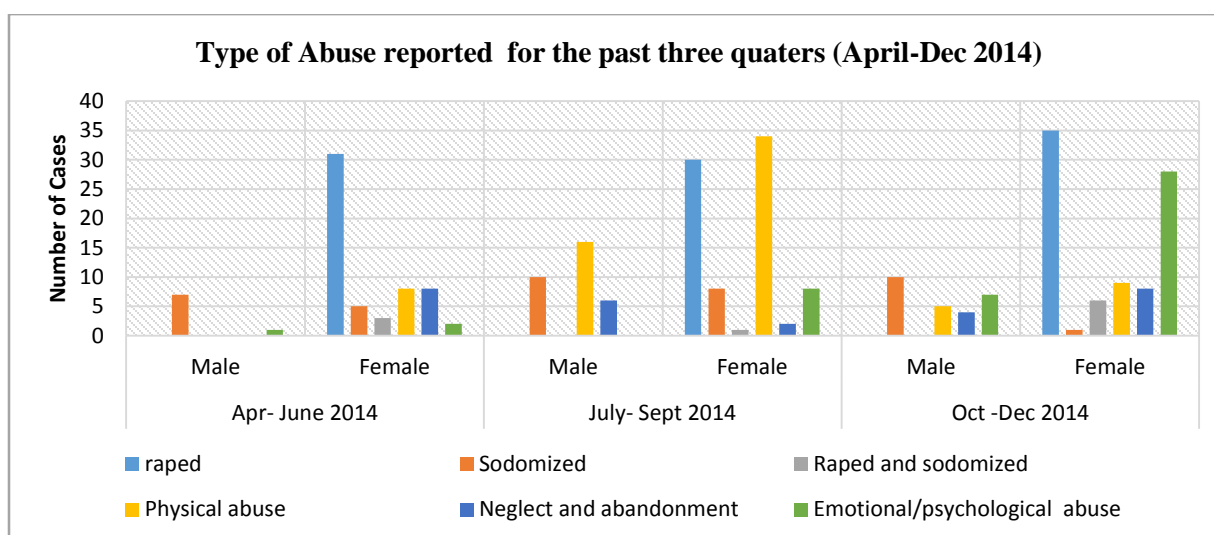
During this quarter, 113 new cases were attended at the center, whereby 35 were rape cases, 11 sodomy, 6 rape and sodomy while 61 were psychological and physical violence. This makes a total of 508 cases cumulatively attended at the center. Out of 113 cases 98 were referrals from the police post and police stations, 3 referrals from legal and human rights center, 12 cases were reported directly at the center. Also the center referred for further support 4 cases to Ukonga Social Welfare Office, 1 to Muhimbili National Hospital, 1 to TAWLA for legal assistance and 1 to Kinondoni child protection team.

Sexual violence ranked high among female below 18 years old at 30% of the total cases reported followed by emotional and psychological abuse which is 26%. This implies there is still a lot to be done in addressing GBV and VAC among girls and young women.

Sexually abused clients who report at the center within 72 hours of abuse incidence are provided with post exposure prophylaxis for prevention of HIV infection and emergency contraceptive pills for prevention of early and unwanted pregnancies.



Source: OSC quarterly report October-December 2014



Source: OSC quarterly report October -December 2014

2.4.3 Pilot Protection of Children Living and Working on the street

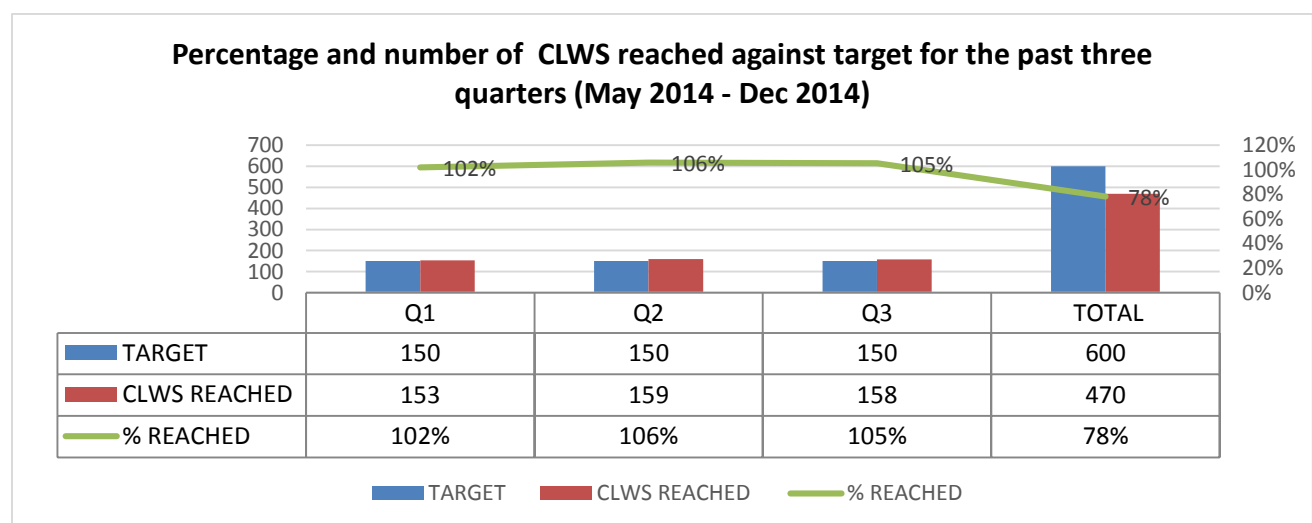
Children who live and work on the streets and other places are especially vulnerable to wide and extreme violations of their rights. They encounter difficulties in accessing basic services and are often verbally, physically and sexually abused. Responding to this, the program engaged a local partner KIWOHEDE to undertake an intervention to support and protect Children Living and Working on the Streets (CLWS) and their guardians. Through this intervention the program aims at:

- Enhanced knowledge and understanding of decision makers, front line workers, households and public about the issue of CLWS in selected 15 wards in Dar es Salaam region.

- Increased access to, and utilization of basic services (including reproductive health, HIV/AIDS education, psychosocial support, vocational and entrepreneurship skills and legal services) through the child protection system.
- Improved access for children with adequate family care to family based, community and/or institutional care placement.

In this reporting quarter a total of 158 (118 male and 40 female) CLWS were served. The services provided included food, shelter, psychosocial, vocational training, medical care, and economic strengthening. The identification and support to CLWS runs concurrently with identification of their guardians especially for those children who are begging in the streets. The program also identified a total of 62 guardians equal to 38.7 % of 160 target. Identified guardians/parents were counselled on alternative income generating activities and provided with startup kits to engage in economic activities. Cumulatively, a total of 470 (301male and 169 female) CLWS have been identified. This is equal to 78.3% of the targeted (600) CLWS expected to be reached at the end of the project and 145 guardians/parents have been reached equal to 86.3% of 160 targeted.

Outreach work: As mentioned in the previous report, it is easy to locate the areas where CLWS can be easily identified through the support/collaboration from community members. In this reporting period, KIWOHEDE continued to work with DSWO, local government officials and community police who are committed to offer support during visits to risk areas for identification of CLWS . KIWOHEDE outreach workers and social workers from the District councils reached 158 CLWS, among them 43 (29 boys and 14 girls) were new arrivals identified from streets of Ubungo, Kariakoo, Gerezani, Tazara, Mchikini and Kivukoni. The team conducted 25 counseling sessions at both individual and group levels as a way of addressing their psychological needs.



Source: program quarterly report October- December 2014

Temporary Shelter: A total of 37 (13 boys and 24 girls) children were provided with shelter while waiting to be reintegrated into their native places. 24 girls were accommodated at Bunju shelter and 13 boys were referred to other shelters: 9 to Malaika and 4 to Child in the Sun. All children are closely monitored and prepared for reunification to their respective families through psychosocial counselling, physical and mental assessment.

Reintegration of CLWS: In collaboration with social welfare officers, KIWOHEDE social workers were able to reunify 14 (11 boys and 3 girls) CLWS to their native families as follows: 3 Musoma; 1 Singida; 1 Mtwara; 1 Simiyu; 1 Ruvuma; 1 Manyara; 1 Kagera; 2 Rukwa; 2 Mwanza; and 1 Kigoma.

Drop in Centre: The project has reached 121 (male 53 and female 68) children with services at the drop in center. All children were provided with meals, shelter and were taught different skills that help them realize their aptitudes and talents. These skills include life skills, health education and HIV/AIDS education, hand craft - tailoring, and batiki making. Also 92 (58 male and 34 girls) children were provided with health care services such as hospital consultation, laboratory services and medication. KIWOHEDE staff also provided first aid services to CLWS for minor issues such as headache and minor cuts.

Quarterly meetings and Workshops: A joint quarterly feedback meeting and CPT meetings were conducted during the quarter. The objective of the feedback meetings was to update members on the project progress in responding to the needs of CLWS, sharing experience, challenges faced as well as discussing measures to be taken to address those challenges. Also, a workshop with the aim of identifying foster parents and preparing them for accommodating CLWS when a need arise was conducted. The project has reached 40 (19 male and 21 female) foster parents with training on the dynamics of foster care, communication skills, child development, behavior management, confidentiality, health and safety.

Entrepreneurship and Vocational Training: In this reporting quarter through KIWOHEDE the



Startup kits ready to be handed to CLWS and parents/guardian of CLWS who completed entrepreneurship training.

program conducted entrepreneurship skills and vocational training to support CLWS and guardians of children beggars. The training was for five days to 22 participants i.e. 18 CLWS and 4 parents / guardians of children beggars. The main aim was to build the capacity of CLWS and the parents/ guardians of children beggars to engage in income generating activities. Topics covered included; entrepreneurship and small business start-up, record keeping, business planning, and business groups formation. The training provided participants with other necessary skills such as time management, building self-

esteem and life skills. After completion of the training all participants were provided with startup kits to start engaging in economic strengthening activities.

Table 7: Current CLWS who received different services Oct –Dec 2014

District	Types of support															
	Primary education		Secondary education		Vocational training		PSS		Reunification		Access to health care		Temporary shelter at drop in center		Other	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Ilala	0	2	2	0	14	20	0	0	0	0	29	22	8	9	12	19
Temeke	0	0	0	0	9	1	0	0	0	0	5	19	20	13	8	0
Kinondoni	0	0	0	0	3	24	0	0	12	3	58	31	20	21	2	4
TOTAL		2	2	0	26	45	0	0	12	3	92	72	48	43	22	23

Source: Regional quarterly report October-December 2014

2.4.4 Strengthening Community Child Protection structures

The program is committed to promote the rights of children and sensitize communities to take responsibility for protection, care and support of MVC including children victims of any violence within their localities. It is in that context that the program has continued to support national efforts of strengthening the child protection systems at the district level in Ilala and Kinondoni – Dar es

Salaam region. CPT teams have been responding to cases of GBV and VAC as well as providing referral and linkages to other service providers. In this quarter 156 cases have been handled among them 113 at Amana OSC and 43 by child protection structures from other program regions out of Dar es Salaam. These included sexual abuse, child labor, physical abuse and neglect.

Activity 2.5 Facilitate access to community health insurance schemes for MVC households.

The program has strived to ensure MVC and their households have access to health services through Community Health Fund.

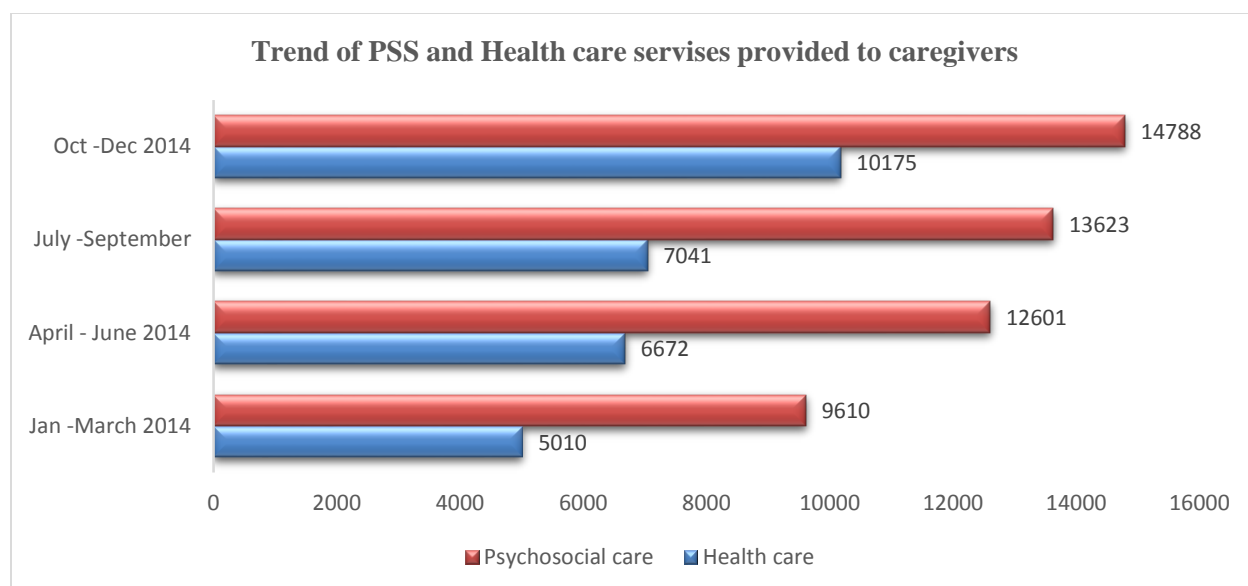
During this quarter we continued to encourage LGAs to budget for MVC support including provision of CHF/TIKA cards. In Bagamoyo 86 (40 males and 46 females) MVC were supported with CHF by village councils, Good Samaritan and KKKT church. In Mafia, Kanga MVCC used TZS 80,000 (US\$ 47) from its MVC funds to support 40 (17males and 13 females) MVC with CHF cards.

Additionally, the program submitted birth certificate forms for 405 MVC. This will be used for issuing them with birth certificates. The forms were reviewed and verified by DSWO after which the forms were submitted to RITA for further processing.

Activity 2.6 Link OVC caretakers to comprehensive health and psychosocial services along the continuum of care

In building resilience and improving the wellbeing of caretakers, the program through community volunteers, referrals and linkages continue to provide PSS and health care to caretakers. Psychosocial support provided to MVC caretakers provides coping mechanism towards the emotional stress and challenges they encounter in the course of caring for MVC and their day to day life.

The number of caretakers provided with PSS and health services increased this reporting period to 14,788 and 10,175 respectively. As indicated in the below figure, the trend of served caretakers for both PSS and health care has consistently been upwards for the past four quarters. The increase is contributed by volunteers trained in the previous periods who conduct regular home visits to reach caretakers.



Source: Regional quarterly report October-December 2014

2.7 Sensitize and support families to support MVC

Sustainability and quality of support to MVC depend to a very large extent on how well their caretakers are empowered. In this context, we continued to sensitize and equip caretakers with basic business skills to enable them succeed in their economic activities. This gives them an extra income to meet the needs of their children and the family at large. Through their participation in SILC groups, engagement in local poultry keeping and home gardening, caretakers have relatively increased their income and are able to respond to their children needs.

During this reporting period, in Pemba a total of 115 (61 male and 54 female) MVC were supported by their caretakers with scholastic materials, uniforms and school fees as well as nutrition and health care. The support was worth TZS 2,065,900 (US\$ 1215). Also, in Unguja a total of 86 (44 male and 42 female) MVC were supported by caretakers with school fees, school uniforms and material worth TZS 1,638,000 (US\$ 964). Again in Kibaha and Bagamoyo Districts caretakers supported their children with education needs, health services and food. A total of 59 (25males and 34females) MVC benefitted with the support valued at TZS 4,424,500 (US\$ 2603).

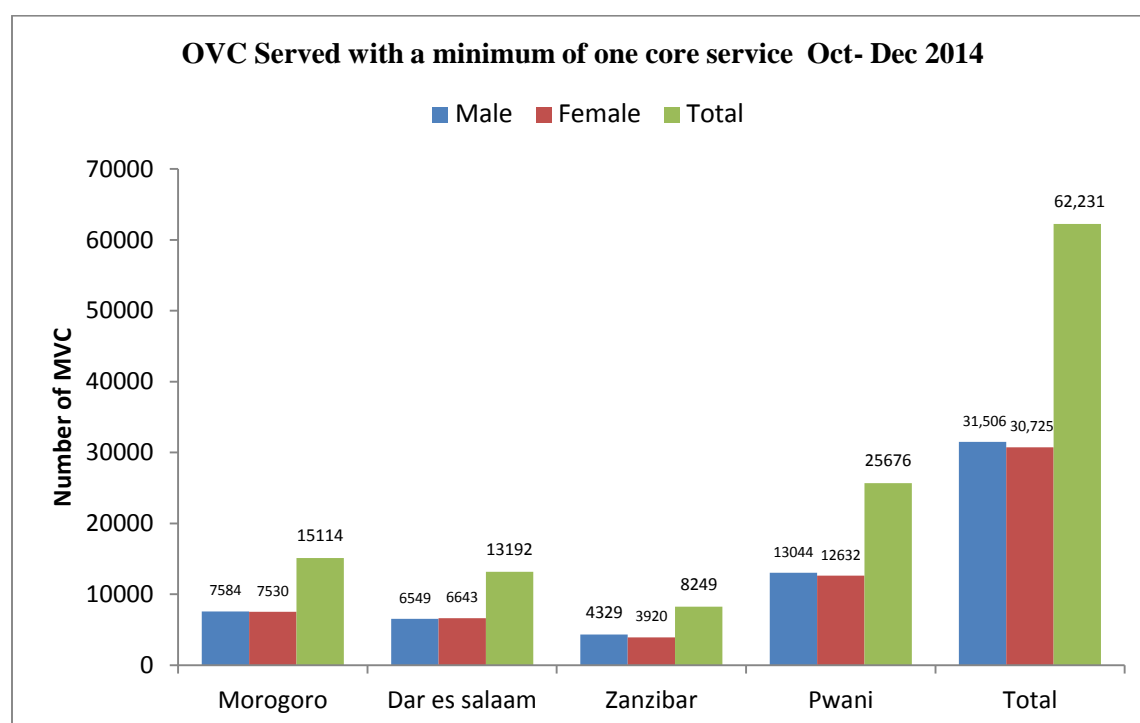
OBJECTIVE 3: Increase OVC household access to comprehensive, high-quality, age appropriate and gender-sensitive services by creating integrated community-level referral networks that strengthen the continuum of care.

The program has been working with LGAs, MVCCs and Community volunteers to provide services to MVC and their households directly or through linkages and referrals. During this reporting period the program continued to strengthen community and household based responses to meet the needs of MVC while addressing the immediate needs committed by the program.

Community volunteers provided direct support through home visits, school visits, children clubs and linked MVC and their families to MVCCs, SILC groups and health facilities in efforts to assist them to access quality and comprehensive services.

3.1 Continue to provide core, age-appropriate service package to OVC

Through program funds, referral and linkages to other community structures and service providers, MVC are provided with core services according to gender, age and specific needs. In this reporting quarter, a total of 62,231 (31,506 male and 30,725 female) MVC were reached with at least one core service. This is equal to 95% of the annual target of 65,781 MVC and a minimal increase of 639 (1%) from those served last quarter. The core services provided were in the categories of education, primary health care, food and nutritional, PSS and shelter.



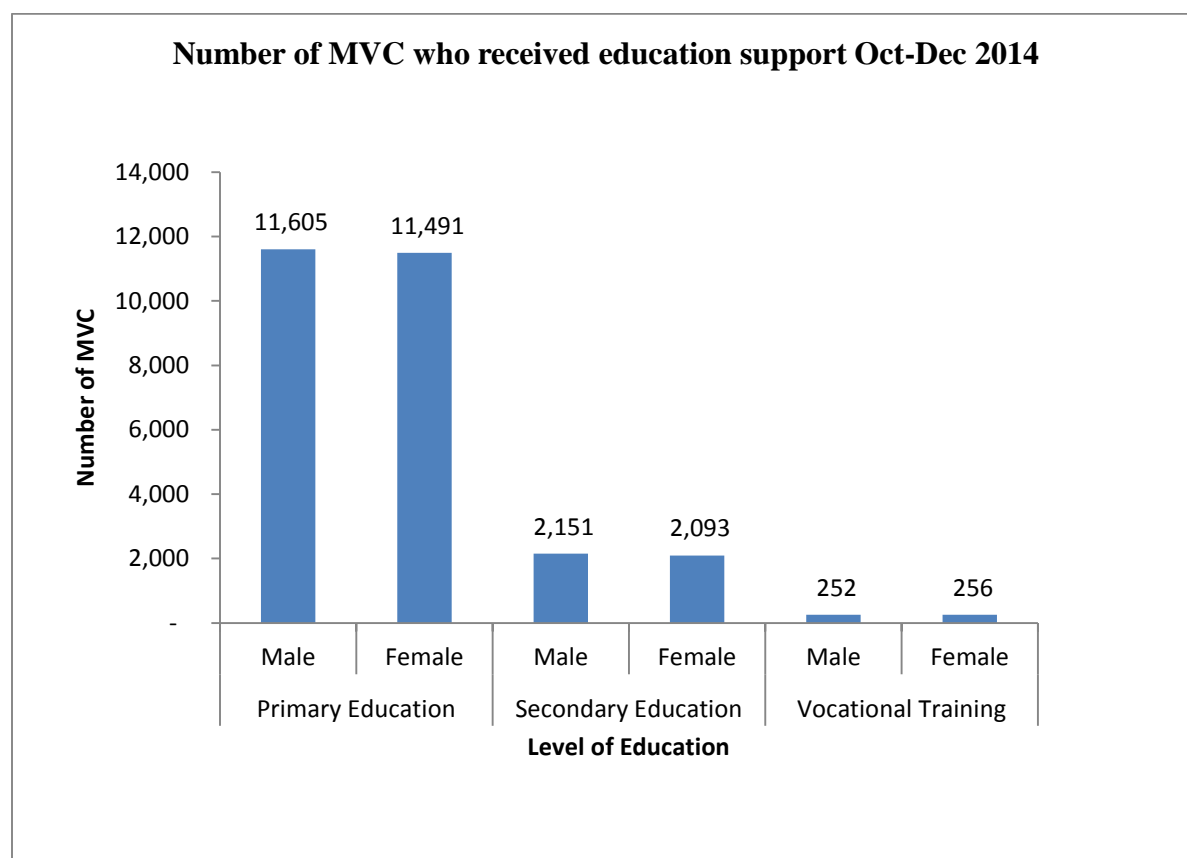
Source: Regional quarterly report October- December 2014.

3.1.1 Provide education support and vocational training

Education is a basic human right for all children, as recognized in the Convention on the Rights of the Child. A child who has access to quality education will probably access better opportunities in life and are more able to realize their potentials. Hence, provision of education support is one among program priorities. In this reporting period a total of 27,848 (14,008 male and 13,840 female) MVC got education support: 23,096 (11,605 male and 11,491 female) in primary school;

4244 (2,151 male and 2,093 female) in secondary school; and 508 (252 male and 256 female) in vocational training. Besides those supported through program funds, in Pwani Region and Zanzibar, Village councils, MVCCs, Good Samaritans and SILC groups provided 1287 (639 male and 648 female) MVC with different kinds of education support worth TZS 8,691,700 (US\$ 5,113): Bagamoyo district TZS 7,095,800; Mkuranga TZS 967,000; Kibaha Town Council TZS 29,000 and Zanzibar TZS 599,900.

It is encouraging that the communities have committed to continue supporting these MVC with educational needs even after program ends.

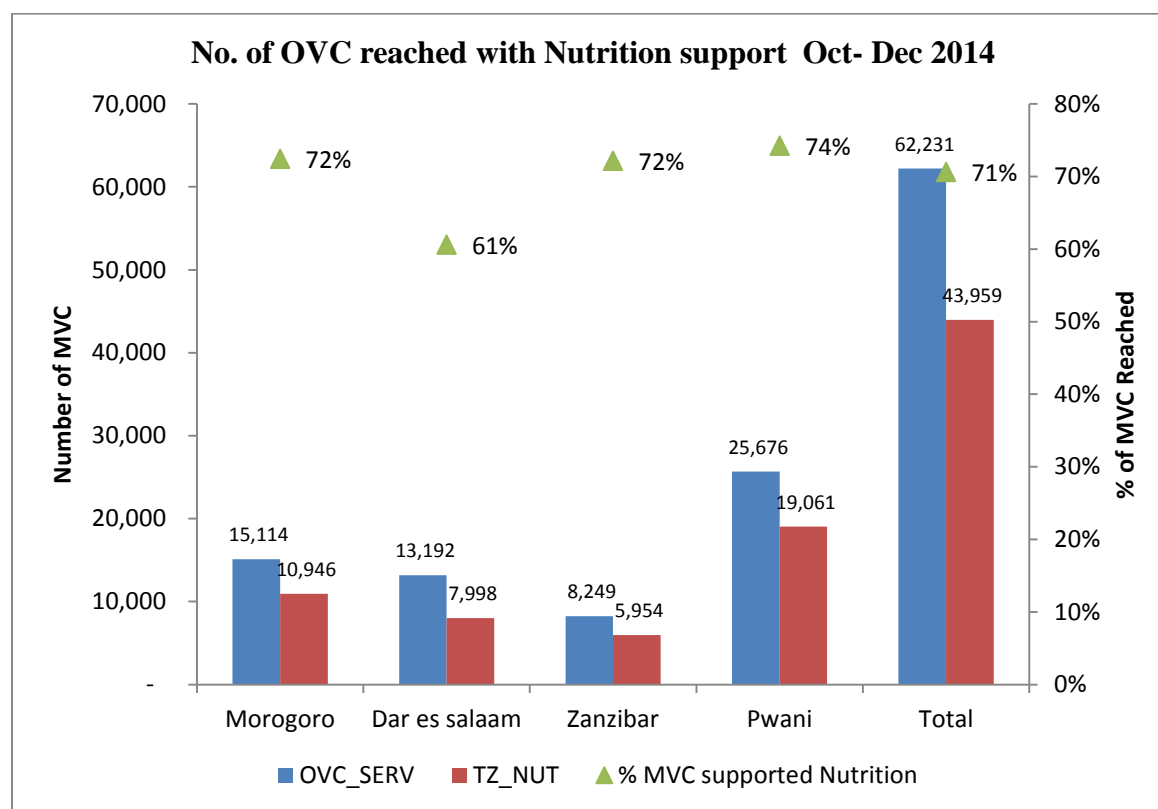


Source: Regional quarterly report October- December 2014.

3.1.2 Provide food and nutrition support

The National Nutrition Strategy identifies priority areas and obligations of each stakeholder for the implementation of the nutrition interventions, including tackling malnutrition among the most vulnerable children. Nutrition is especially vital for children as it assures mental and physical development and health protection.

Following the training on Nutritional Assessment Counselling and Support (NACS) conducted last year, community volunteers have reached a total of 43,959 MVC (22,133 male and 21,826 female) in this reporting quarter. This reach entailed nutrition assessment as well as education and counselling on nutritional to those assessed in previous periods; and the non-assessed. This is equivalent to 71% of 62,231 MVC served during this quarter. Among these 3,681 MVC (1,784 male and 1,897 female) are under five years of age.



Source: Regional quarterly report October- December 2014.

The program also continued to serve MVC and their households with food and nutritional support through direct support and/or linkages with other stakeholders and service providers. In Pwani region a total of 3,410 (2037 male and 1,373 female) MVC were assessed using MUAC tapes. Among them 121 were found to have severe malnutrition and were referred to health facilities for further support where 2 (1 male and 1 female) of them were found to be HIV positive. Besides been provided with Therapeutic food, the HIV+ ones were referred to HIV care and treatment clinic.

3.1.3 Support Access to Primary Health Care.

Primary health care is crucial for improving health status. Proper primary health contributes to better health and at no or lower costs due to minimized hospital admissions and medical treatment / medication. The program through community volunteer home visit and children club sessions has been providing basic education on primary health care including personal hygiene,

environmental sanitation, clean and safe drinking water, at the same time emphasizing referrals and linkages as well as the importance of early health care seeking behaviour.

During this reporting period a total of 4,979 MVC (2,638 male and 2,341 female) were reached with primary health care support. In Pwani region community volunteers participated in the national campaign against Measles, Rubella, Elephantiasis and Vitamin A. During the campaign 3,921 MVC (2,070 male and 1,851 female) were vaccinated. Also as already cited in the earlier part of this report, 16,872 (8,245 male 8,627 female) MVC were reached through children clubs with health related hygiene, environmental cleaning and treatment of drinking water to avoid water borne diseases. Additionally, 164 (92 male and 72 female) were supported with mosquito nets by village councils in Bagamoyo and Mkuranga.

In Zanzibar WAMATA Pemba supported 151 (85 male, 66 female) with sanitary material i.e. laundry and toilet soap and body jelly worth TZS 1,500,000 (US\$ 882). Also, 25 (12 male and 13 female) MVC were supported with medical care/treatment by SILC groups and caretakers.

3.1.4 Support shelter improvement

According to the NCPA II shelter improvement services have the desired outcomes of ensuring that vulnerable children in their communities have access to safe, secure and wind and water tight housing, comparable to other types of shelter in the community. In ensuring that MVC have the same access to clothing, bedding, and shelter as the other children in the family unit, the program has been building the capacity of communities in improving and renovating MVC houses. MVCCs and community volunteers mobilize and organize communities to repair MVC houses using their own labour and locally available materials, provide and distribute clothing to MVC and their households. The latter is normally contributed by community members.

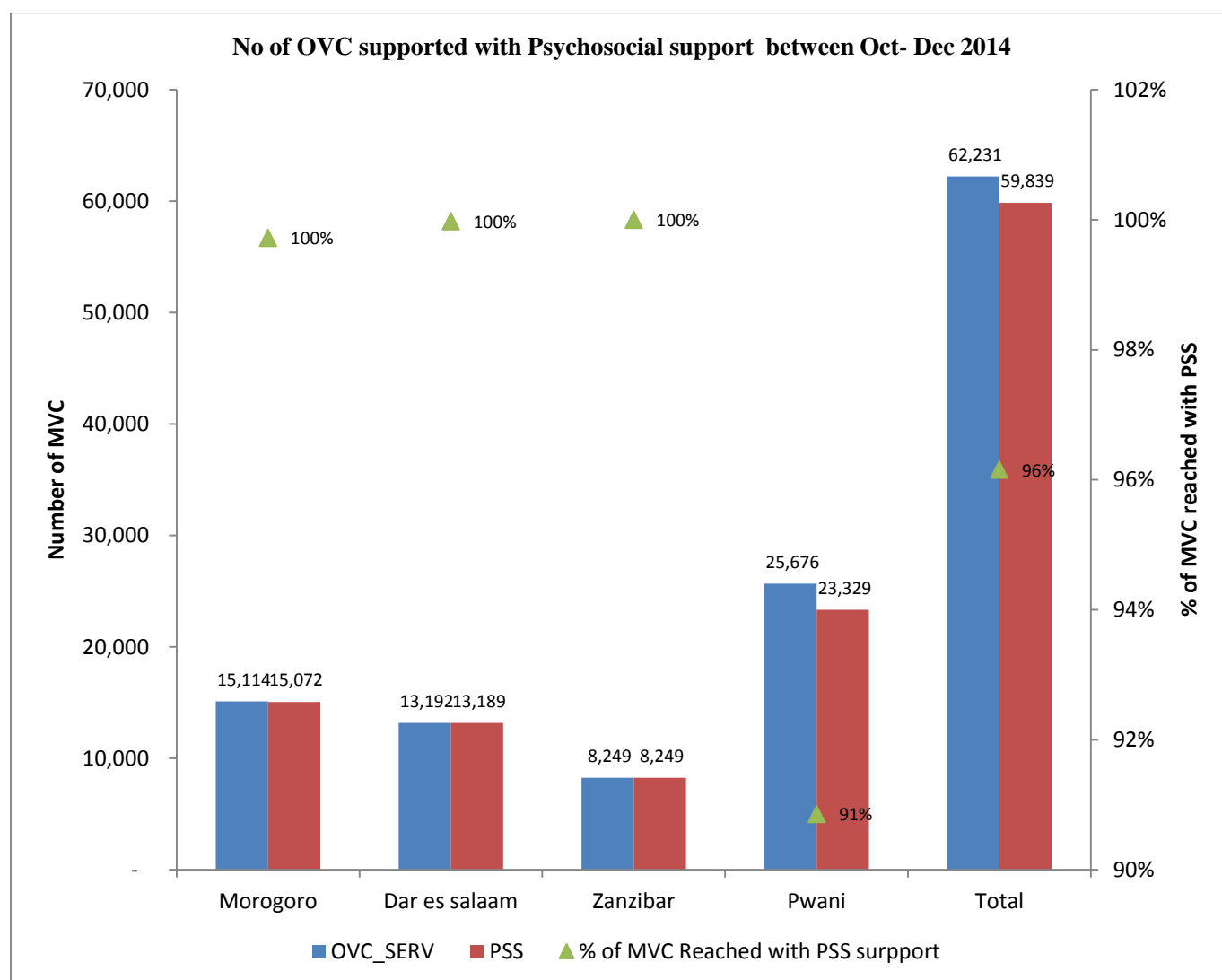
During the quarter a total of 3,933 (1,951 male and 1,982 female) caretakers and MVC were reached with shelter improvement services. In Bagamoyo, Bwilingu village community volunteers and MVCC built a house worth TZS 450,000 (US\$ 265) for 1 male MVC and his caretaker. KKKT church in Msoga village provided casual clothes worth TZS 230,000 to 23 MVC (10 male and 13 female). In Zanzibar 2 caretakers with 7 MVC (5 male and 2 female) who joined a SILC group were able to renovate their houses at a cost of TZS 370,000 (US\$ 218) while 4 caretakers supported 12 (6 male and 6 female) MVC with casual clothes worth TZS 230,000 (US\$ 135).

3.1.5 Provide Family Based Care/Psychosocial Support

When children lose a parent or are separated from their community, their river of support dries up. They will not thrive unless the new community they join helps them emotionally. Psychosocial support (PSS) is therefore, one of the elements of a comprehensive package to MVC as stipulated

in NCPA II. The program has been providing psychosocial services to MVC and MVC caretakers through community volunteers and program staff.

In this reporting quarter, the program reached a total of 59,839 (30,383 male and 29,456 female) MVC through volunteer home visits and children club sessions. This is equal to 96.2 % of total 62,231 MVC served by the program during the quarter and 3% increase from 58,083 reached last quarter.



Source: Regional quarterly report October- December 2014

3.1.6 Child Protection

The Convention on the Rights of the Child (1989) outlines the fundamental rights of children, including the right to be protected from economic exploitation and harmful work, from all forms of sexual exploitation and abuse, and from physical or mental violence, as well as ensuring that

children will not be separated from their families against their will. The program has taken various measures in responding to gender based violence and violence against children, including establishment of District Child Protection Teams (DCPT) in Kinondoni and Ilala districts; establishment of One Stop Center (OSC) at Amana regional referral hospital and intervention on Children Living and Working on Streets (CLWS). During this reporting period a total of 156 (113 at OSC in Dar es Salaam and 43 from the other program regions) cases were handled through collaboration among the above mentioned structures and district implementing partners as elaborated under objective 2.4.4.

3.2 Support district/zonal IPG to expand and improve comprehensive referral networks that strengthen the continuum of care

In ensuring sustainability, the program established and strengthened structures at the council level advocating for LGAs to support and respond to OVC needs. The District Implementing Partners Groups (IPG) were one of the structures established to serve as a referral/linkage mechanism for diverse needs of MVC. The program encourages LGAs to plan and budget for DIPGs in ensuring that members continue to meet on quarterly basis for sustainability as stipulated in the NCPA II.

During this reporting period, as close out strategy the program facilitated exit meetings to 12 Council Management Teams and 12 District Implementing Partners Groups in Bagamoyo, Kilombero, Mvomero, Morogoro rural, Morogoro municipal, Kilosa, Mkuranga, Kisarawe, Kibaha, Mafia, Pemba and Unguja district councils. The meetings aimed at sharing major achievements of Pamoja Tuwalee Program, discuss exit plan and explore district council's commitment to ensure continuity of service provision to MVC and their households. Participants of the meetings included the District Executive Directors (DEDs), Heads of Departments of Education, Social welfare, Community development, Planning and other CMT members. In addition to the mentioned officers, DIPG meetings also included Police Officers, Magistrates, Prisons Officers, Medical doctors and other partners working for children's welfare.

The output of the exit meetings were commitments made by both CMT and DIPG members. Among others, the raised concern was regarding the availability of resources in continuing serving the MVC and their households. However they committed to work together through departments in supporting the MVC by including budget for MVC in their annual plans.

OBJECTIVE 4: Empower OVC, particularly females; contribute to their own wellbeing by improving their resilience as well as their livelihood and self-care skills

The program continue to use a combination of age-appropriate and gender sensitive life skills education and psychosocial to empower MVC. While building on children's strengths to increase self-esteem, reduce self stigma and the impact of discrimination and improve social and coping skills, the program empowers MVC to withstand and challenge their situations. This enables

children to handle stress and challenges of everyday life. Through community volunteer home visits and children clubs the program further provides knowledge on personal and general hygiene, nutrition and HIV prevention. MVC with disabilities and those who are victims or survivors of GBV and VAC have been a focus under the objective elaborated below.

4.1. Establish and expand children clubs

Children clubs continue to be a vehicle in which the program provides psychosocial, and emotional support to children. There has been an increase on newly established children clubs every quarter, this being an impact of previous year training on formation and managing children clubs. As stated above, through clubs children are reached with skills that help them to build confidence, knowing their rights and responsibilities, self-realization, primary health care, life skills, gender based violence coping mechanism as well as reproductive health and HIV/AIDS education for older OVC.

During the reporting period, the program facilitated establishment of 30 new children clubs: 8 in Pwani, 16 in Morogoro and 6 in Zanzibar. This makes a total of 541 children clubs established to date with a membership of 16,872 (8,245 male 8,627 female). Out of this 1,083 are non MVC children as the clubs include all children to avoid stigma.

Table 8: Summary of existing children clubs as of December 2014

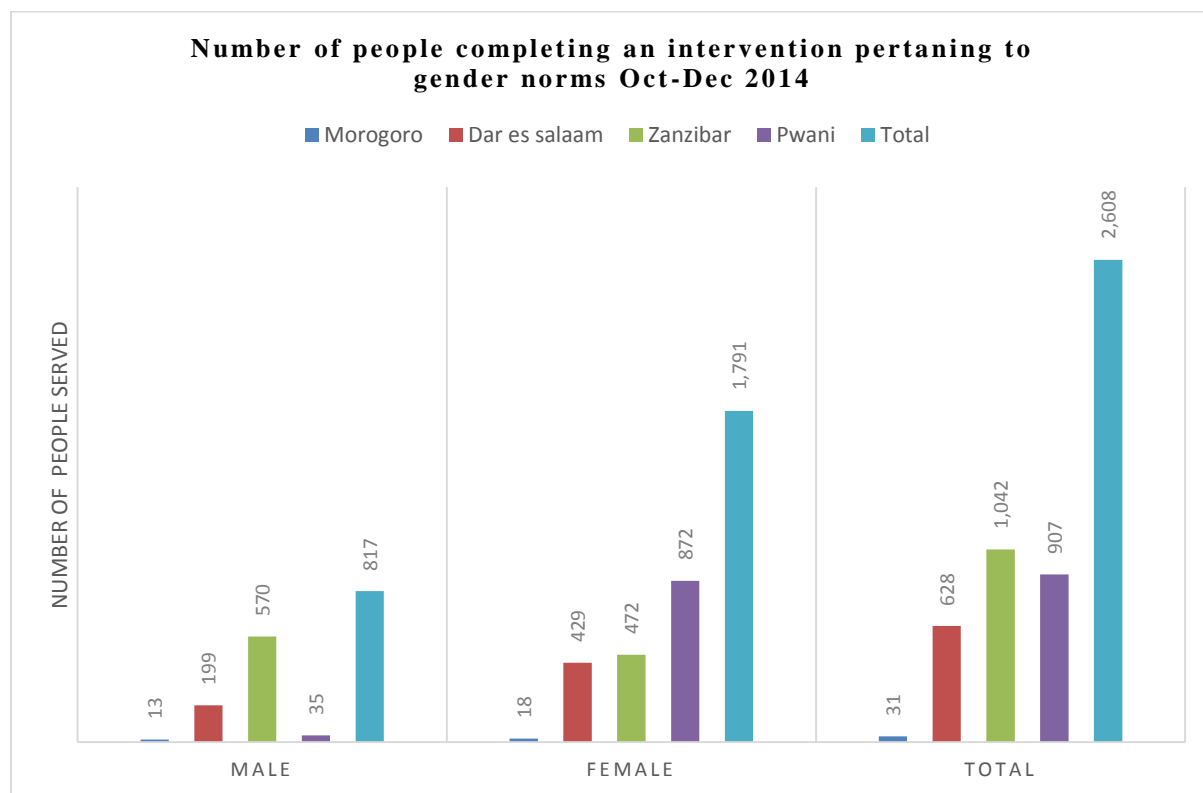
Region	Number of Existing Children Club	Number of children registered into Children clubs during this reporting period						
		Most Vulnerable Children			Other Children			Grand Total
		Male	Female	Total	Male	Female	Total	
Morogoro	124	1,972	2,100	4072	23	32	55	4127
Dar es Salaam	49	545	595	1140	-	-	0	1140
Zanzibar	68	887	773	1660	161	155	302	1976
Pwani	300	4,300	4,603	8903	357	369	726	9629
Total	542	7,704	8,071	15,775	541	556	1,083	16,872

Source: Regional October - December 2014 Quarterly report.

Children clubs are gender sensitive and age appropriate, community volunteers as well as focal persons continue to encourage both girls and boys who are MVC and non MVC to participate. Currently the participation of boys and girls is almost on the same proportion - 49% boys and 51% girls.

4.2 Provide gender and age-appropriate HIV and AIDS education

A total of 1012 (497 male and 515 female) older MVC in Zanzibar, Pwani and Dar es Salaam were reached with HIV/AIDS education this reporting period. This is lower by 55% when compared to the previous quarter reach of 2256. The main reason is that this reporting period children were on end of year leave whereby they did not attend club sessions and also been a holiday season, a number of children normally travel to visit relatives. Among the 1012 children reached, 11 (5 male, 6 female) were HIV+ so they were counselled on positive living. Despite been reached through children clubs, through home visits also community volunteers reach female MVC with HIV/AIDS education. This service entails reaching MVC and their caretakers completing an intervention pertaining to gender norms within the context of HIV/AIDS that meets minimum criteria. The program has reached a total of 2,608 MVC (817 male and 1,791 female) referrals and linkages to HIV/AIDS health providers. This is equal to 48% of 5,467 annual target and almost equivalent to 2256 reached last quarter.



Source: Regional October - December 2014 Quarterly report.

4.3 Support to victims of GBV and child abuse

The impact of abuse, neglect and maltreatment can be profound to the victim. To a child maltreatment, abuse and neglect are associated with adverse health and mental health outcomes in children and families, and those negative effects can last a lifetime. Abused children are more

likely to suffer from depression and post-traumatic stress disorders. In responding to these problems, the program has been working to address the psychological problems resulting from abuses, especially among the victims of GBV and VAC, in addition to other services provided directly or through referrals.

Knowing that child abuse and neglect is a community concern, program seeks to strengthen the community capacity to prevent, respond to and care for the victims of violence through coordinated and responsive community based system.

Through joint efforts of community volunteers, SWOs, MVCCs, family members, ward and village executive officers, teachers, health practitioners and police, the program addresses the GBV and VAC. They strive to ensure that the survivors and victims get the necessary services and that perpetrators are dealt with according to the law. At the same time, advocacy/awareness raising among community members with regards to child abuse continue to ensure abuse cases are recognized and reported to the relevant authorities. As already mentioned, in this quarter, 156 cases were reported whereby 113 were handled at the One Stop Center and the remaining 43 by the relevant authorities / systems in other regions out of Dar es Salaam. When compared to 139 cases reported last quarter, this is an increase of 12% which is probably attributable to continuous efforts in raising awareness among community members on child abuse and the importance of reporting the same.

4.4 Provide disabled OVC with accurate and appropriate information about their rights and HIV/AIDS

From its second year, the program has been facilitating identification of MVC with disability and providing support per specific need.

In this reporting period, 161 new MVC with different disabilities (69 mental, 11 albinism, 20 deafness, 3 blindness and 58 with other disabilities) were identified. Community volunteers through home visits and children clubs provided both material and emotional support to 1,205 (668 male, 537 female) with disabilities – an increase of 260 (28%) compared to 945 served last quarter. Those served included: 342 with mental disorders; 91 with albinism; 137 deafness; 127 blindness; and 508 with other types of disabilities. The support included psychosocial, education on their rights and HIV/AIDS information as well as education support for the school going ones.

Also, about 526 caregivers of disabled MVC were provided with information on the rights of these children. They were encouraged to provide their children with opportunities to play and leisure as per their disabilities and avoiding hiding and restricting them.

Since the program cannot meet most of their diverse special needs, we refer them to the relevant institutions such as health facilities for further support.

4.5 Support mobile registration to provide MVC with birth certificates

Birth certificate is a fundamental right of a child. The right to birth registration is linked to the realization of many other rights, and has profound consequences to children's access to protection, nationality, access to social and health services, and education. Hence, the program continues to advocate for the MVC to access birth certificates.

In this quarter, in collaboration with the district councils and Registration Insolvency and Trusteeship Agency (RITA), the program managed to process payment for birth certificates for 1,521 MVC. The payment process has been quite challenging due to the new payment system whereby instead of paying RITA directly, the funds go through the District councils and the processing of certificates involves the latter a great deal than it used to be. The certificates are expected to be ready and handed to the respective MVC next quarter. Also through community efforts (Village council, Good Samaritan and Swaibat Islamia) in Pwani region, 19 MVC (9 males and 10 females) were supported with birth certificates - 2 Bagamoyo and 17 Mkuranga.

5.0 Meetings with other stakeholders

During the reporting period, the program participated in various stakeholders forums which included:

DAI IMARISHA end of project event: a one day meeting which brought together Government (Department of Social Welfare), USAID, IMARISHA partners (i.e. FHI 360, Pact Inc. World Education Inc. and Africare), Deloitte, MEASURE Evaluation, TACAIDS and TASAF. The meeting took place on December 4, 2014 in Dar es Salaam and its objectives were: to recognize the collective achievements of IMARISHA partners, and the Government in its economic support of vulnerable populations especially MVC and PLHIV; to discuss ongoing country ownership of economic strengthening support to vulnerable households in 2015 and beyond; and to share opportunities among partners in terms of successes, lessons learned and resources developed for broader use and institutionalization of economic strengthening. As a way forward partners showed commitment on advancing the good work that IMARISHA has done by building on the best practices.

Annual GBV and VAC Meeting: held on December 4, 2014 in Dar es Salaam. The meeting was organized by the Ministry of Health and Social Welfare with support from CDC. Participants were from government departments in the ministries of health and social welfare; community development gender and children; education and vocational training; justice and constitutional affairs; and Tanzania Policy Force (gender and children desk). Other participants were from the regions that are piloting GBV and VAC interventions and these were FHI 360, EngenderHealth, Walter Reed, MDH, Africare, Pact, UNICEF and CDC.

The objective of the meeting was to share experiences and best practices on preventing and responding to GBV and VAC issues among partners. The above mentioned ministries presented what they have been doing in addressing GBV and VAC issues. Through different presentations it was acknowledged that different initiatives to address GBV and VAC cases have been taken including training of GBV service providers in Mbeya, Iringa, Shinyanga, Mara, Njombe and Dar es Salaam, development of guidelines as well as establishment of three One Stop Centers at Amana regional referral hospital, Hai and Shinyanga. The Ministry of Health and Social Welfare was urged to continue taking a lead in addressing GBV and VAC issues and expand the interventions to other regions. The ministry has taken steps and it is now in the process of developing the National Health Costed Plan for Multi-sectoral Response to GBV and VAC.

Preparatory meeting on Child Protection Week and MVC National Conference: The Department of Social Welfare under the Ministry of Health and Social Welfare is organizing a National Child Protection Conference scheduled to take place on February 18 – 20, 2015 in Dar es Salaam. This will be preceded by district level Child Protection Week. The latter is meant to provide opportunity for the Child Protection Teams and other MVC implementing partners to create awareness on child protection issues and for children to express their views and experiences on all matters that affect them. Two children representatives from each region will be selected to represent other children in the National MVC Conference.

MONITORING AND EVALUATION

Monitoring and Evaluation is one of the key components of the program. During the reporting period, USAID SIMS exercise was conducted in one of our sites in Mvomero in Morogoro region. WE managed to score 86%. The two key recommendations were:

- To conduct Quality Improvement exercise at the sub grantee level
- To conduct DQA through external entities more frequently despite the fact that we had done that through MESASURE Evaluation

Also, as per previous years, JPPM was conducted during the quarter, which provided an opportunity for a participatory reflection with the donor on the progress of program implementation.

PLANNED ACTIVITIES FOR NEXT QUARTER – JANUARY TO MARCH 2015

- Facilitate District Implementing Partners' Group meetings
- Facilitate MVC access to birth certificates
- Facilitate Council Management Team Meetings
- Facilitate Ward Development Committee meeting
- Facilitate MVC participation in the Child Protection Week
- Preparation of semiannual report

SUCCESS STORIES

"Even When I Despaired, There Was a Way"

Asha is a widow aged 52 years, living in Sunguvuni Village, Mkuranga district in Pwani. Asha lost her husband in 1998, the death of her husband confused her. She became dependant on her son (Seif). Unfortunately Seif got sick and passed away in 2002. He left her with two grandchildren. Mariam Seif (13 years old) and Ridhiwani Seif (18 years old). ***"The death of my husband and son made my life too tough, sometimes I couldn't afford to have two meals in a day and meet other needs for my grandchildren"*** said Asha. In 2003 Asha decided to join FINCA and took a loan of TZS 50,000 (US\$ 29) and a business of selling rice cakes "vitumbua". With FINCA she had to pay back high interest rate that it was difficult to get enough profit and her business did not grow.

Pamoja Tuwalee program facilitates establishment of Saving and Internal Lending Communities (SILC) groups and encourages MVC caretakers to join the groups to get soft loans at low interest rate. Asha Mohamed Ngape is among caretakers whose life has changed after she joined SILC group.



Asha and Tujiendeze SILC members when she was taking the first loan

In July 2012 Asha decided to drop out of FINCA and joined TUJIENDELEZE SILC group under Pamoja Tuwalee program after being sensitized by Charles Kazimiri, a Community Resource Person (CRP). Asha bought shares in Tujiendeze SILC group where after three months she was able to take a loan of TZS



Asha and her grandchild at home after making liquid and bar soap ready for selling.

50,000 (US\$ 29). She used the money to increase her business capital and buy school material for Mariam. ***"I have expanded my business. I have a lot of customers and at least now I can afford two meals a day for my family"*** said Asha. Her business expanded and profit increased from TZS 7500 (US\$ 4) to TZS 20,000 (US\$ 12) per month. After repaying her loan to the SILC group, she borrowed another TZS 100,000 (US\$ 59) which she used to cultivate 2 acres of paddy rice and harvested 6 bags (600 kgs). She sold 200 kgs and paid school fees for Mariam (her grandchild). Also, the profit she made out of her business and cultivation was a source of another business of making and selling liquid and bar soap. Asha spent TZS 40,000 (US\$ 24) to buy chemicals

and containers for soap making, a business venture that earns her TZS 215,000 (US\$ 126) per month ***"I'm so thankful to Pamoja Tuwalee for establishing SILC in our village because through SILC I have been able to rehabilitate my house, cultivate 2 acres of paddy rice, establish soap business and now I have bought a number of cement bricks for building a better house, and above all, I can meet basic needs of my family including food, medical expenses and school materials for Mariam. Thank you Lord, even when I despair you showed me the way"*** said Asha.

A WOMAN CHANGES DIRECTION OF MANY LIVES

Bijuma Faki Hamadi (50 years) is married to Juma Faki (56 years) and has nine children's (Maryam, Faki, Fatma, Bikomo, Rahimu, Ali, Khamisi, Zainab and Othman). Bijuma and her family live in shehia of Majenzi, Micheweni District in Zanzibar. The family used to depend on agriculture and they have a very small area of cultivation which could not produce enough to meet their food requirements, let alone surplus for cash to cover other expenses. It was so hard for Bijuma and her husband to raise nine children with just one and unreliable source of income. Occasionally, their children had to drop out of school to go and live with relatives as sometimes Bijuma and her husband would be unable to provide enough food and meet medical and education expenses.



Bijuma while feeding goats

In 2013 three Bijuma's children (Mariam, Hamisi and Ally) were identified as Most Vulnerable Children (MVC) and enrolled in Pamoja Tuwalee program. A community volunteer to sensitize her to join Savings and Internal Lending Communities (SILC) groups so that she could save and take soft loan with small interest. Bijuma agreed and joined Kujitolea Dhamana SILC group. After nine months, she took a loan of TZS 300,000 (US\$ 176) and started livestock keeping – she bought three dairy goats. Within seven months, they reproduced so she had 6 goats. She started selling milk and earned TZS 120,000 (US\$ 71) a month. ***“Allhamdulillah, I thank the Lord through Pamoja Tuwalee Program I joined SILC group which helped me increase income and economic burden has reduced a bit, now I can pay for education expenses just by keeping goats and making traditional baskets and mats”*** said Bijuma. The profit earned from selling milk made her establish another business of making traditional baskets and mats (handcrafts), as well doing home gardening activities near her home. Collectively, she earns more than TZS 160,000 (US\$ 94) per month from livestock keeping, mat making, and gardening. The economic situation of her family has improved a bit, she can now afford to meet basic needs like food, clothes, education, and medical expenses. Bijuma said ***“My children are in school now, after they dropped for a***



Bijuma making mat for selling.

while, because we had no money to cover their education expenses, and it was so difficult to get money for buying enough food to feed nine children. I am happy now I can feed my family and pay for other expenses despite life being tough due to high cost of living. Without SILC group I don't know what life would be like, maybe we would have starved”

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